

Dear Reviewers:

We thank reviewers for careful reading our manuscript and for giving useful comments. In response to the Reviewers' comments, we have revised the manuscript no. 39945.

Please consider this minireview for possible publication in ***World Journal of Transplantation***.

Respectfully,

Junji Uchida

Our responses to the reviewers' reports are as follows:

Response for Reviewer #1:

>> The main issue with using mTOR inhibitors including everolimus is propensity for adverse side effects profiles including mouth ulcers, hyperlipidemia, proteinuria and rarely pneumonitis along with higher discontinuation rates.

These are very important informations. We mentioned adverse events and higher discontinuation rates of everolimus in '**Adverse events**' (page 9 line 9 – page 10 line 11).

>> There is also concern for the development of DSA and chronic AMR since documented risk factor for DSA development include subtherapeutic CNI level.

We added a statement about the risk of de novo DSA and AMR after conversion to everolimus with CNI elimination or minimization in '**Rejection**' (page 9 line 5-7).

>> Conversion to mTOR inhibitor has clearly shown to reduce recurrence of non-melanoma skin cancer.

We added a statement about the antitumoral effect of everolimus especially on nonmelanoma skin cancer in '**Malignancies**' (page 10 line 1-3).

>>It will be nice to include a table stating the indications for late conversion along with a

description of the pros and cons of CNI elimination and conversion to everolimus.

We added Table 3 which summarized pros and cons of late conversion to everolimus with CNI elimination or minimization in kidney transplant recipients (page 7 line 3-4).

Response for Reviewer #2:

>> A synthax error caught my attention: PG 12 Thee is lack -----> there is lack

We collected the misspelling (page 12 line 7).