Reviewer's report

**Title:** Picking Transplant Glomerulopathy out of the CAN: Evidence from a Clinico-pathological Evaluation

**Version:** 1  **Date:** 14 April 2012

**Reviewer:** Bahar Bastani

**Reviewer's report:**

This is a very well done and very informative study. It needs many grammatical improvements.

1- Through out the paper “PTC” has been used at time to refer to "peritubular capillaries" and at times to "peritubular capillaritis". I suggest use it only for "peritubular capillaritis". This should be corrected throughout the manuscript.

2- In abstract -results: ‘peritubularits’ should be corrected to ‘peritubular capillaritis’.

3- In abstract -results: "... a more rapid process to graft dysfunction" should be changed to "... a more rapid progress to graft dysfunction".

4- In abstract -conclusion: change to "... a more rapid progress to graft loss". Also correct the spelling to “worth”. Change to "This study added further support to the idea that TG is caused by antibody mediated injury".

5- in Background line 8 change to: "Clinically, TG is characterized by .....". In line11 "More and more evidence has suggested that ...". In line 21 "A number of lesions are considered as ...". Line 22 "glomerulitis, PTC, peritubular capillary basement membrane multi-layering, and even TG".

6- Histopathology. Line 3 "indirect IF technique on frozen sections with primary .....". 4rt paragraph "peritubular capillaritis (PTC).....".

7. Anti-HLA Antibodies. Last line needs units for the antibody titers.

8. Pathologic features. First line " TG strongly correlated with the hall marks of antibody-mediated lesions, such as PTC ....". Line 11 "... CD4+ cells were significantly higher in TG vs IFTA Group ...". Last line "Labeling PTC with CD31 staining we found that CD68+ cells were also the majority ....". It is not clear what you mean. Please clarify.

9. Through out the manuscript when you present the antibody levels, please indicate the units.

10. C4d deposition in TG. Line 7."Significantly more patients were positive for HLA-II antibodies in C4D+ TG patients vs C4D- TG patients (14/19, 73.6% ......)".

11. Discussion. Line 9, change to "Clinically, TG was correlated with ..."). Line 16 "... suggesting other factors beyond the IFTA are responsible for anemia in TG".

12. Change all PTCs to PTC.
13. Change all "microcirculating injuries" to "microcirculatory injuries".
14. Discussion. Paragraph 5. Change "index biopsy" to "for cause biopsy". Paragraph 6. change to "statistical significance". Last paragraph, change to "C4d deposition is associated with more rapid progression to allograft dysfunction,...".
15. Figure Legends. Change "CAN" to "IFTA".
16. in the Tables footnotes mention "Mean +/- SD".
17. Table 2. Change "Positive number" to "Patients with proteinuria". Also "Patients with anemia". Also "History of rejection". Also "HLA-I antibodies present". Also "HLA-I antibodies titer (units?)". Also "HLA-II antibodies present". Also "HLA-II antibodies titer (units?)".
18. Table 3. Change to "Pathologic features ...". Also "PTC present", "Glomerulitis present. Also "Glomerulitis score". Also "Mesangial matrix expansion score".
19. Table 4. Change to "Clinical features ...". Also "Proteinuria (g/24 hrs)'. "History of AR'. "HLA antibodies present". HLA antibodies titer".
20. Table 5 "Pathologic features of ...".
21. Table 6 "... pathologic features ...". "Proteinuria (g/24 hours)". "Serum albumin (g/L)".
22. In all figures vertical access. "Percent graft survival".

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

'I declare that I have no competing interests’