Reviewer's report

Title: Predominant but Silent C1q Deposits in Mesangium on Transplanted Kidneys - Long-Term Observational Study -

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Reviewer: Alenka Vizjak

Reviewer's report:

This is a report of a small group of five patients with silent C1q deposits in the mesangium on transplanted kidneys, nicely documented with light microscopy, immunofluorescence and electron microscopy figures. However, there are several areas that require further comprehensive addressing:

1. General comments:
The authors use in the title as well as in the whole text "C1q deposits in mesangium on donated kidneys". The term donated kidneys is in this context inappropriate, you should rather use "transplanted kidneys". Donated kidneys refer to the so called zero biopsy of donor's kidney before or at the time of transplantation.

The inclusion criteria, determined as biopsy cases with normal to mild proteinuria are inappropriate. The term normal proteinuria is not used. Furthermore, proteinuria in studied patients should be measured quantitatively (as urinary protein excretion in mg/day), since proteinuria measured by dipstick can be false negative or false positive. Patients with mild proteinuria cannot be defined as cases with silent C1q deposits. Of course, in patients with transplanted kidney other causes for proteinuria have to be excluded.

In the Abstract, mild proteinuria is defined as 1+ by dipstick and in the Materials and Methods as less than 1+ by dipstick. The criteria should be unified and clearly defined!

The title and the text should be revised accordingly.
2. Abstract, line 3: C1q nephropathy is characterized.... Correct: ...was first described as glomerular disease characterized by predominant mesangial C1q deposits in patients with proteinuria and no evidence of systemic lupus erythematosus.

Abstract, line 8: ... showing two cases with normal urinalysis. Correct: showing some cases with normal urinalysis.

Abstract, line 28-30: The text "Blood pressure levels, degree of proteinuria and hematuria, and serum creatinine levels" is repeated.

Abstract, line 35-38: these data are not the results and are inappropriately cited in the Abstract. The precise clinical and immunopathological results at the diagnosis of C1q deposition as well as in the follow-up should be mentioned briefly in the section Results.

3. Materials and Methods, line 50: ... consisted of 334 adults aged 18 years old or older, and 80 children aged 2 to 18 years. This is inappropriate and should be corrected. 18-year-old patient may be according to this authors definition included as an adult or a child.

Materials and Methods, page 5, lines 13-18: incorrect citation of data in the editorial, published by Nankivell and Chapman, Transplantation, 2006. Transplant glomerulopathy is not accompanied by chronic rejection, but is a characteristic pathologic manifestation of chronic active antibody-mediated rejection. This diagnosis is supported by C4d deposition in glomerular capillaries and not by mesangial C1q deposits as stated in the present manuscript.

4. Results, page 7, lines 52-54: "IF revealed predominant mesangial C1q deposits and co-deposits or less intensity in other components." Unclear, "less intensity in other components" can be omitted, IF findings are correctly cited on page 8, lines 1-6.

Results, page 8, lines 28-35: It is unclear, how many repeated biopsies were performed, particularly if the text in Results and data in Table 1 are compared.
Results, page 6, lines 35-38: "Renal graft-biopsies were carried out an average of 2.2 times . . ." It is unclear, rather use re-biopsies, repeated biopsies and in the Table 1 the first, second and third renal graft biopsy.

5. Discussion is superficial. It should be remodeled, when according to the referee comments, the inclusion criteria, materials and methods, and particularly results will be corrected. The discussion points out the comparison of described cases, which are by the authors defined as silent C1q deposition, with cases of C1q nephropathy in the published articles. The authors should at least cite correctly published cases with silent C1q mesangial deposits. Discussion in present form does not provide "better understanding of the role of predominant mesangial C1q deposits" as stated in the Conclusion.

6. The English language is poor and should be improved.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.
Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.
Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.
No

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If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.
Not relevant to this manuscript

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