Author’s response to reviews

Title: Complete biopsy-proven resolution of deposits in recurrent proliferative glomerulonephritis with monoclonal IgG deposits (PGNMIGD) following Rituximab treatment in renal allograft.

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Author’s response to reviews:

Dear BMC Editorial Office

Thank you for considering our manuscript for publication. We are submitting a revised version with tracked changes to address the editors and reviews comments.

In addition, a detailed, point-by-point response to the questions raised can be found below:

Editor Comments:

1. Consent to Publish – written consent from the patient has been obtained and is supplied.

Study vs. Case Report - This is a retrospective case report. This has been corrected in the Abstract and under Declarations. Treatment provided was routine/standard of care. Nothing different was done in terms of management for the purpose of this case report.

Reviewer reports:

Ben Sprangers (Reviewer 1):

Minor remarks:
- could the authors comment on the fact that extensive immunosuppressive treatment was not successful in controlling the disease pretransplantation and why the combination steroids/rituximab was able to reverse the disease after transplantation?

Reply: The patient did not receive immunosuppressive treatment for the disease in the native kidney pre-transplantation.

Shigeo Hara (Reviewer 2):

1. There seems to be slow response in urine protein and serum creatinine levels following the treatment despite histological improvement. Rather, peak proteinuria and renal dysfunction came to several months after the anti-B-cell treatment. Please explain this discrepancy.

Reply: Remission of proteinuria in patients treated with Rituximab tends to be slow, not only in PGNMIGD but also in PLA2R positive primary membranous glomerulonephritis. In membranous glomerulonephritis, remission of proteinuria was attained after 12 to 24 months (Beck LH, et al. The New Engl J Med. 2009;361(1): 17-21; Beck LH et al. J Am Soc. Nephrol. 2011;22:1543-1550). Dahan K et al in their series describe positive effect of Rituximab on protein remission after 6 months (Dahan K et al. J Am Soc Nephrol. 2017; 28:348-358). This has been included in the Discussion section of the revised manuscript. New references have been added (11, 12).

2. Glomerular C4d staining in 1st and 2nd biopsy will provide further insight into the treatment response.

Reply: Details of glomerular C4d staining have been incorporated to the manuscript (changes are tracked).

Alenka Vizjak (Reviewer 3):

My only comment is to include normal ranges for kappa:lambda ratio, and complement C3, C4 (Case Presentation, line 9). The normal ranges have been included in the revised manuscript (changes are tracked).

Respectfully,

Anjali Satoskar

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