**Author’s response to reviews**

**Title:** Anti-glomerular basement membrane glomerulonephritis following nintedanib for idiopathic pulmonary fibrosis: A case report

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**HANDLING EDITOR COMMENTS:**

It is to be noted that The case report describes an association - causality cannot be proven as the AKI did not improve after cessation of nintedanib.

Response: I do totally agree with this comment and hence has made to highlight that it the case report

**Syntax:**

In Abstract line 18, '...anti-GBM disease following administration of nintedanib.' Add the information on 4 months use of the drug.

Response: Done

In abstract line 28, '...kidney disease or receiving dialysis...'. Correct to 'those receiving dialysis'

Response: Done

In abstract line 1, expand GBM in title of case report

Change 'red cell casts' to 'red blood cell casts' in abstract and text.
In abstract, line 19, change nephrotic proteinuria to 'nephrotic range proteinuria' and give the value.
Response: Done

In abstract, line 18 'acute kidney injury...' add the serum creatinine level at presentation.
Response: Done

In conclusion of abstract, line 26 - first sentence needs to be tempered as 'Onset of acute GBM GN was found to be associated with recent nintedanib use suggesting that nintedanib may be a potential trigger for anti GBM GN'.
Response: Done

Expand GBM in the body of the manuscript at first mention.
Response: Done at first mention in Abstract

Line 41, '...report of anti-GBM...' change to 'anti-GBM glomerulonephritis'
Response: Done

Line 73, give the value of the baseline renal function (Creatinine level at baseline) here.
Response: The line following this indeed gives a value of baseline renal function so I have not re-written it separately

More details on the therapy are needed:
Was it iv methyl prednisone or methyl prednisolone that was used? Pls clarify.
Over what period was the oral prednisone weaned.
What was the dose of the oral cyclophosphamide.

How many plasma exchange on alternate days were offered to the patient.

Was GBM level used to decide when to stop plasma exchange. Pls clarify.

How many plasma volume exchanges (1.0 plasma volume or greater?) were provided.

When was the patient started on dialysis (pls specify HD or PD?)

Response: Details of treatment written as recommended

Line 106, change 'nephrological reactions' to 'renal effects'

Response: Done

Line 149, '..demonstrated the importance OF VEGF...' add'of'

Response: Done

Line 155, change to 'specific cases of GN associated with either drug are reported in the literature'

Response: Done

Line 164. delete 'a causal link'. change to 'association with'. Again, causality cannot be proved here.

Response: Done

Line 168. change to 'while nintedanib may have triggered anti-GBM....'

Response: Done