Morphological indexes: can they predict lupus nephritis outcomes?

Dear Editor-in-chief,

On behalf of the authors responsible for this manuscript, I once again thank you and the reviewers’ comments. We tried to answer to all comments/suggestions (please see below).

Changes to the original manuscript were marked by changing the text color.

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Reviewer A:

I consider that this paper has adequately been reviewed in accordance with

the referee’s comments and suggestions and can therefore be published.

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Reviewer B:

I would like to congratulate the authors for the improvement of the article. It is much clear an well wiritten

I just have a few comments to do:

1. In the methods section you should state when did uou collect the lab data after de kidney biopsy.

Clinical presentation and laboratory data was collected prior to kidney biopsy: “clinical presentation and laboratorial evaluation at the time of renal biopsy”

Regarding the data after kidney biopsy, it was collected at the end of follow-up, which varies between patients: “The following outcomes were evaluated: clinical remission, renal function and proteinuria (g/24h) at end of follow-up (FUP)”.

1. Also in the remission definition you have mispelled g in the 24h proteinuria.

We have corrected this issue.

1. In the results section what do you mean by presentation? Is the time at you did the biopsy or the time of lupus diagnosis?

In the results we show the data at the time of renal presentation/biopsy, as defined in the methods section: “clinical presentation and laboratorial evaluation at the time of renal biopsy”

1. Why don't you correlate the ISN/RPS with the different variables presented in the table 4?

We did try to correlate the ISN/RPS classification with the different variables, but found no correlation, and stated in the results section: ”We found no correlation between the different ISN/RPS LN classes and clinical outcomes, including end of follow-up renal function or proteinuria.” We feel adding this information to an already dense table might confuse the readers.

1. I also think that you should stress how many patients you had from each class accordind to the ISN/RPS

This data is included in table 3, in percentage.

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We thank the reviewers for their contributions, which we feel have significantly improved the manuscript.

Best regards,