Dear Dr,

Thank you for your letter including reviewers' comments for the revision of the manuscript. Here in we provide a point by point response to comments. The revised parts are highlighted in red color.

Reviewer 1:

1. one patient had nodular sclerosis Hodgkin disease, one had plasmacytoma, and others had polymorphic and monomorphic B cell lymphoma. This was added in methods at the end of PTLD diagnosis.
2. Shiraz Organ Transplant Center is now performing more than 500 liver transplantation annually for Iranians. There are also considerable numbers of kidney, pancreas, heart and multiviseral transplantation.
3. The tough level for tacrolimus in first 3 months is reported up to 15 ng/ml. After 6 months 5-11 ng/ml is considrred. Since some of the patients had PTLD in first 6 months, this cut of value is not surprising.

   The word "over" was added.

4. Both multi-organ involvement and EBV status significantly influenced survival rates ($P<0.05$). However, which of them is most important cannot be concluded from this analysis .
5. The figures were revised.
6. OKT3 is not an abbreviation. It is a trade name of mono-clonal antibody against CD3

Reviewer 2:

1. The immunosuppressive regimen was totally discussed in the paper
2. Induction therapy was the same in all patients and was written in the methods.

Reviewer 3:

1. Serum tacrolimus just before diagnosis of PTLD was used in analysis.
2. As reflected in Table, few patients received lower doses of tacrolimus with cyclosporine or changed to sirolimus
3. The information about ganciclovir therapy was added. When available none of the donors were EBV/CMV positive

4. The type of therapy and types of PTLD was included in methods.

Sincerely

Ahad Eshraghian MD