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Mireille El Ters[1,2], Manish J. Gandhi[3], Ann M. Moyer[4], Samih H. Nasr[4] and Mariam P. Alexander[4]

[1]Division of Nephrology and Hypertension, Mayo Clinic, Rochester, Minnesota, USA; [2]William von Liebig Center for Transplantation and Clinical Regeneration, Mayo Clinic, Rochester, Minnesota, USA; [3]Division of Transfusion Medicine, Mayo Clinic, Rochester, Minnesota, USA; and [4]Department of Laboratory Medicine and Pathology, Mayo Clinic, Rochester, Minnesota, USA

**Correspondence:** Mireille El Ters, Division of Nephrology and Hypertension, Mayo Clinic, Rochester, Minnesota 55905, USA. E-mail: elters.mireille@mayo.edu

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**The Authors Reply:** We reported a significant positive association of each of human leukocyte antigen (HLA)-DR7 and HLA-B35 with fibrillary glomerulonephritis (FGN) in a cohort of 26 patients with FGN.[1] We are pleased that El Ters *et al*.[2] have observed a similar association between HLA-DR7 and FGN in their cohort of 16 patients with native kidney failure due to FGN or donor-derived FGN. Together, these findings support a genetic component to this rare glomerulonephritis.

Unlike our study, HLA-B35 was not significantly associated with FGN in the Mayo Clinic cohort,[2] raising uncertainty about the significance of HLA-B35 association with FGN. HLA antigens have associations with race and infectious and autoimmune diseases, that may confound analyses of small cohorts. HLA-B35 is one of the largest allelic Class I molecules.[3] HLA-B35 appears to increase susceptibility to chronic hepatitis C virus infection in particular populations,[4] and hepatitis C infection is significantly associated with Black patients in the setting of FGN.[S1,S2] In small cohorts, differences in ethnicity and concurrent diseases may affect the ability to confirm genetic associations.

Larger, ethnicity-matched cohorts are needed to confirm the associations that have been described between HLAs and FGN. Importantly, future investigations may benefit from molecular typing for both HLA Class I and Class I, and from applying genome-wide association studies to more specifically decipher genetic susceptibility loci in patients with FGN beyond serologic typing of HLA antigens.

## SUPPLEMENTARY MATERIAL

Supplementary File (PDF)

**Supplementary References.**

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Nicole K. Andeen[1], Kelly D. Smith[2], Elena-Rodica Vasilescu[3] and Ibrahim Batal[3]

[1]Department of Pathology, Oregon Health & Science University, Portland, Oregon, USA; [2]Department of Pathology, University of Washington, Seattle, Washington, USA; and [3]Department of Pathology and Cell Biology, Columbia University Irving Medical Center, New York, New York, USA

**Correspondence:** Nicole Andeen, Department of Pathology, Oregon Health & Science University, Portland, Oregon 97239-3098, USA. E-mail: andeen@ohsu.edu

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