

RESPONSE TO THE PEER REVIEW REPORT:

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Column: Minireviews

Title: 7-LATE COMPLICATIONS OF PANCREAS TRANSPLANT

Authors: Javier Maupoey Ibáñez, Andrea Boscà Robledo and Rafael López-Andujar

Reviewer #1: Specific Comments to Authors:

Maupoey J et al. described late complications of pancreas transplantation. They analyzed the OPTN/UNOS data. I have some suggestions: Do the authors have data from Spain or Europe and compare both data, Could the authors include their own data and see if there is a difference or it is the same with the OPTN/UNOS data.

Yes, we have added the results of the largest series recently reported in Spain and compared it with OPTN/UNOS data, which are very similar.

(Jiménez-Romero C, et al. Experience of the Doce de Octubre Hospital. Cir Esp. 2018 Jan;96(1):25-34. English, Spanish. doi: 10.1016/j.ciresp.2017.09.016. Epub 2017 Oct 28. PMID: 29089105).

Any recommendations with regard chronic rejection and/or prevent allograft loss The authors should review the following paper regard long term outcome of pancreas allograft and the use of m-tor to prevent graft loss Ciancio G, Sageshima J, Chen L, and at al. Advantage of rapamycin over mycophenolate mofetil when used with tacrolimus for simultaneous pancreas kidney transplants: randomized single-center trial at 10 years. Am J Transplant 12:3363-3376, 2012.

Thank you. We have added a discussion on immunosuppressive therapy after pancreas transplantation, including the controversy in induction therapy, the use of steroids, with early steroid withdrawal or steroid free regimens, as well as the use of (mTOR) over mycophenolate in combination with tacrolimus into immunosuppressive therapy, after reviewing the paper that you have suggested.

It will be appropriate to include a section of vascular complications after pancreas transplantation.

We agree with you. But this review is part of a special issue of World Journal of Transplantation with a specified index. There is already another chapter dedicated to analyze this topic.

Reviewer #2: Specific Comments to Authors:

This is a good review of complicated topic. The authors comprehensively outline some of the topical aspects of pancreas transplantation. Highlighting the main aspects of the poor long term outcome. The article reads well as a book chapter rather than a review however and I miss the outline of recent studies and controversies in the field.

For example the introduction jumps into a definition of loss of graft function and I would welcome a rounded introduction of pancreas transplantation in a short paragraph.

Thank you. Following your recommendation, We have added a short introduction paragraph about the pancreas transplant procedure, highlighting the therapeutic benefit and its complications.

The authors would have done well to focus on some of the specific areas of controversy e.g. does the protocol for immunosuppression influence the outcome of pancreas transplant?

We have added a discussion on immunosuppressive therapy after pancreas transplantation, including the controversy in induction therapy, the use of steroids, with early steroid withdrawal or steroid free regimens, as well as the use of (mTOR) over mycophenolate in combination with tacrolimus into immunosuppressive therapy, and the long term influence of this therapies on pancreas allograft survival.

Does unit volume have a role?

Following your suggestion we have added a paragraph talking about transplant center volume and the risk of short and long term pancreas allograft failure, which conclude that patient and graft survival after pancreas transplantation are superior in higher volume centers (> 13 transplants/year) than in lower volume centers.

Does enteric vs bladder drain matter in terms of long term outcomes?

We agree with you. But this review is part of a special issue of World Journal of Transplantation with a specified index. There is already another chapter dedicated to analyze this topic.

I enjoyed the section on pseudoaneurysms, this is an important area, a major cause for morbidity and mortality. Further discussion around the role for stenting electively, role of perfusion fluid analysis, extended treatment courses etc. would have been welcomed.

We agree with you. We have extended the therapeutic options in pseudoaneurysm after pancreas transplantation, both in elective and emergency setting, highlighting the endovascular approach, and we also added new references. In any case, there is little data about this approach, due to how relatively new these techniques are, and long series data are still necessary to confirm its efficacy (also specified in the text).

The end of the article could have done with a more succinct closure statement.

Thank you. Following your recommendation, We have added a short closure paragraph about the pancreas transplant procedure management.