

Format for ANSWERING REVIEWERS



March 19, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2429-review.doc).

Title: Transplant options for patients with type 2 diabetes and chronic kidney disease

Author: Costas Fourtounas

Name of Journal: *World Journal of Transplantation*

ESPS Manuscript NO: 7718

The manuscript has been improved according to the suggestions of reviewers:

REVIEWER #1

We thank the reviewer for his kind and constructive comments

1. Section "Kidney Transplantation for t2dm patients with ckd". Suggest adding detail to "significant" survival advantage of preemptive transplant for diabetics and non diabetics. How much?

We have added the needed data

2. Section "Kidney Transplantation for t2dm patients with ckd". Suggest adding detail to "poor outcomes" vs preemptive. Which outcomes, how much worse?

We have added the needed data

3. Section "SPK transplant for t2dm patients with ckd", it is unclear to me why t2dm patients would have a longer duration of dm vs type 1. please check and clarify.

We have corrected it as follows: Moreover, the T2DM group included more African-American and was older, heavier and had a shorter duration of insulin dependence.

4. same section. additional data on t1dm vs t2dm with respect to survival and graft survival is needed as it is not in the table (specify results from ref 20)

We have added the needed data from ref 20

5. Reference WHO criteria

We have added the needed data

REVIEWER#2

We thank the reviewer for his kind and constructive comments

1. Do the Authors believe that Live Donor kidney Transplants are inappropriate for geriatric diabetic kidney failure patients due to their recipients' decreased survival when compared with younger recipients?

We agree with the reviewer about this important ethical issue. In page 8 we have already stated that: "Kidney transplantation is not a "panacea" for T2DM patients with CKD". We have also added a phrase regarding this issue in page 8: "In addition elderly T2DM patients with advanced CKD may present significantly decreased survival after renal transplantation rising ethical issues regarding allocation policies in an era of graft shortage and increased demand around the world".

2. Do the Authors agree with the inference from what has been termed the "Obesity Paradox" that being overweight may be beneficial to diabetic kidney transplant recipients as very large studies have shown it to be in patients undergoing maintenance hemodialysis? Multiple recent reports now subscribe to this theory; For example: Gill JS, Lan J, Dong J, Rose C, Hendren E, Johnston O, Gill J. The survival benefit of kidney transplantation in obese patients. *Am J Transplant.* 2013 Aug;13(8):2083-90.

We agree with the reviewer and we have added a comment and the suggested reference:

Nevertheless, a recent analysis of the United States Renal Data System has questioned the current BMI thresholds, as it has shown that even obese diabetic renal transplant recipients may show a survival benefit compared to treatment with dialysis, except patients with BMI > 40 kg/m² and obese African Americans [61].

REVIEWER#3

The study title as well as the approach is of too much wide spectrum, and several important studies especially in the sole renal transplant have not been reviewed (including one of mine). So, I think before the study becomes suitable for publication, it needs major revision: - The review better to be changed to a comparative study of different options. The title I recommend to change to "Transplant options for patients with type 2 diabetes and chronic kidney disease: Kidney transplantation alone versus simultaneous renal and pancreas/islet transplantation" - The approach of the review I recommend also to change in a way that directly compares these options. The table also need to modify accordingly.

We greatly respect the reviewer comments but our intention in this review article was to present in an unbiased way the historical and more current data regarding transplant options for T2DM patients with CKD. Direct comparisons between Kidney transplantation alone versus simultaneous renal and pancreas/islet transplantation as suggested seems difficult if not impossible due to several issues already stated in our paper.

References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Transplantation*.

Sincerely yours,

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