



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Diabetes

**Manuscript NO:** 63360

**Title:** Recent advances in new-onset diabetes mellitus after kidney transplantation

**Reviewer's code:** 05746890

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** Canada

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-01-30 13:19

**Reviewer performed review:** 2021-02-10 21:36

**Review time:** 11 Days and 8 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

I enjoyed reading this review which I think has addressed major concerns with the new treatments of diabetes in transplant recipients with SGLT2 inhibitors and GLP-1-RAs in thorough detail.

1. Suggest a brief paragraph in the introduction defining post-transplant DM and how it is diagnosed for the benefit of the reader. The criteria are the same as for type 2 DM but with the caveat that consensus guidelines suggest it should only be diagnosed 45 days post transplant given the high prevalence of early hyperglycemia post transplant.

2. While the treatment of pre-existing type 2 DM and PTDM do not differ, the terminology of "PTDM" is typically reserved for DM that is diagnosed after transplant (whether this is new onset or previously undiagnosed) and I would suggest clarifying this in the introduction as well.

3. I agree that the GLP-1RA and SGLT2-inhibitors are important advances in the field of DM treatment. However I feel that the authors should include the a discussion involving DPP4 inhibitors as well. These agents are widely used in clinical practice and have the advantage of being weight neutral. The new 2020 KDIGO CKD guidelines also highlight this group of drugs and their use in transplant patients will be helpful for the reader. The Cochrane review (Lo et al) cited in your paper covers the DPP4 inhibitors in some detail.

4. Since the title of this invited review is broad, suggest that in their section on current management of PTDM, I would mention briefly other measures to combat PTDM such as early treatment with insulin, lifestyle interventions (eg diet, bariatric surgery) and potential impact of choice of immunosuppression (CNI and steroid avoidance).