



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 13483

Title: New-Onset Diabetes Mellitus after Kidney Transplantation: Current Status and Future Directions

Reviewer code: 01220510

Science editor: Yue-Li Tian

Date sent for review: 2014-08-25 17:30

Date reviewed: 2014-09-08 23:04

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

I have read the review article with interest. I have the following comments to made. Thank you.

1. Authors need to provide a separate table for drug-induced NODAT with potential pathogenic mechanisms.
2. Monitoring/Follow-up strategy of patients with NODAT to be included.
3. Methods for early detection of NODAT after transplantation to be discussed.



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 13483

Title: New-Onset Diabetes Mellitus after Kidney Transplantation: Current Status and Future Directions

Reviewer code: 00053423

Science editor: Yue-Li Tian

Date sent for review: 2014-08-25 17:30

Date reviewed: 2014-10-11 03:52

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The review of Palepu and Prasad is well written and of interest of readers, however I have some suggestions about the content that may improve the quality of the manuscript. 1-I would also include data about diabetes prediction models before renal transplant. Page5: 2nd paragraph- I would include specifically the prevalence of NODAT after renal transplant instead of after any transplant. Page5: 2nd paragraph- weight gain, headaches and fatigue are not diabetes symptoms Page 5 and page 6- I think it would be interesting to comment about potential modifications NODAT diagnosis criteria and possibly including OGTT and HbA1c for diagnosis. Page 10- 2nd paragraph, page 15- 2nd paragraph- As the authors said, corticosteroids are mainstay in post-transplant management, so, it is important to address more specifically if there are conflicting data regarding early corticosteroids withdrawal vs. steroid continuation and NODAT occurrence or if it is established the beneficial effect of corticosteroid withdrawal. Additionally, there is some controversy data regarding the benefit of early corticosteroid withdrawal vs. steroid continuation protocols with respect to NODAT manifestation. For example: A large randomized controlled study found that early steroid withdrawal does not confer any significant advantage compared to steroid continuation, with the remark that fewer patients with early steroid withdrawal required insulin for NODAT at 5years. (Woodle ES An Surg 2008).On the other hand, large retrospective study involving more than 25,000 transplant recipients reported significant benefits of early steroid withdrawal when compared to



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asteroid-containing regimen with respect to NODAT. (Luan F Transplantation 2011). These important data should be addressed in the review. Page13- First paragraph- Please review-....when NODAT is combined with pre-existing NODAT.