The Editor,

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We submitted the revised version of the paper entitled “New-onset diabetes after kidney transplantation: Incidence and associated factors”. We appreciate all the valuable comments from the reviewers and all the help from the editorial staff for the clarification of doubts. We edited the paper according to the reviewers' suggestions. We hope that our study will be useful to the journal readers.

Reviewer #1

- It was a useful study and it will be a significant contributor to the literature. - The most important shortcoming of the study, which was mentioned in the limitations, was that the center does not routinely use OGTT. I suppose if the OGTT was used, the number of patients with NODAT was slightly increased and we also learned the number of patients with "impaired glucose tolerance" and these patients would have been closely followed in terms of NODAT development. - It was an adequate and careful discussion part, thank you for that.

Answer to Reviewer #1

We agree with your remark and thank you for the kind comments about our study.

Reviewer #2:

use of abbreviation as keyword e.g.NODAT

Answer to Reviewer #2

Thank you for the important comment. We have proposed NODAT as a key word to facilitate the search, but we understand your suggestion. Therefore, we change it to another relevant key word: “incidence” (Key words, line 1).

Reviewer #3:

As indicated by authors, new-onset diabetes after transplantation (NODAT) is a frequent metabolic complication of kidney transplantation, and associated with increased morbidity and mortality, therefore it is important to determine the incidence and associated factors of NODAT. At present study, through single-center retrospective study involved consecutive adult nondiabetic transplant recipients in a Portuguese central hospital, authors demonstrated that NODAT incidence was high in their renal transplant recipients (27.2%), particularly in the first 3 mo post-transplant (76.5% of NODAT patients), and higher pretransplant FPG level and IFG were risk factors. The data obtained from their study indicated that early identification of impaired carbohydrate metabolism in the posttransplant setting will allow implementation of lifestyle modifications and minimize progression to NODAT and its potentially severe complications. The study is well designed and the manuscript is well written with good English. In the future, big sample of study including multi-centers and also including control group of non-transplants may get more useful information.

Answer to Reviewer #3

We appreciate the kind comments. We agree with you. In fact, we mentioned in the limitations that this study presents a relatively small sample and only reflects a single center experience.

Thank you for being interested in publishing our manuscript in your journal.

Best regards,

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