



THE UNIVERSITY
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A. Sidney Barritt IV, MD, MSCR

Professor Li-Jun Cui
Science Editor
World Journal of Transplantation

Dear Professor Cui,

Thank you for accepting our paper, manuscript # 37800 “Perioperative Glucose Management and Outcomes in Liver Transplant Recipients: A Qualitative Systematic Review.” Please find enclosed our revised manuscript and a point by point response to the reviewers’ comments.

Reviewer 1:

Due to the strong correlation between MS/Obesity/T2DM and NAFLD, which is often misdiagnosed, mainly during the initial phase, authors are kindly requested to comment on this point: Hepatic steatosis (and thus, the hallmark, i.e., IR) assessment is of paramount importance for living liver donor selection because significant hepatic steatosis can affect the postoperative outcome of recipients and the safety of the donor, as evident inMedicine (Baltimore). 2016 Feb; 95(7): e2718. The lack of studying this aspect should be put as limitation

Thank you for these comments. The discussion section has been revised to make this point and add the reference – please see reference 34.

Reviewer 2:

The submission by Prani Paka titled “Perioperative Glucose Management and Outcomes in Liver Transplant Recipients: A Qualitative Systematic Review” et al is well conceived and reasonably well designed study. They have concluded that ‘hyperglycemia in the perioperative period is associated with poor post-LT outcomes’. The study is useful for transplant surgeons, diabetologists and nurses. Most the studies looked at the blood glucose values rather than glycosylated Hb. The statistics and study methods may be reviewed by a medical statistician. I am not sure whether blood glucose has an independent association with transplant-outcome (independent of the co-morbidity associated with high blood glucose levels such as obesity, hyperlipidemia, disorders of coagulation, renal diseases and cardiovascular and cerebrovascular diseases).

Thank you for these comments.



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Comments to the editorial staff:

Editorial staff requested the PMID and DOI at the end of each reference and to submit the first page of the study if neither was available.

References:

15. Higgins JPT, Green S (eds). *Cochrane Handbook for Systematic Reviews of Interventions Version 5.1.0 [updated March 2011]. The Cochrane Collaboration, 2011. Available from URL: <http://methods.cochrane.org/bias/>*
16. Wells G, Shea B, O'Connell D, Peterson J, Welch V, Losos M, Tugwell P. *The Newcastle-Ottawa Scale (NOS) for assessing the quality of nonrandomised studies in meta-analyses. 2013. http://www.ohri.ca/programs/clinical_epidemiology/oxford.asp.*

The above two references do not have PMID's or DOI's because they are tools we used to assess bias and to rate the quality of the evidence. The webpage links are provided here and in the references.

Reference 31 is a meeting abstract (AASLD 2016 – published in Hepatology supplement as cited) and does not have a PMID or DOI.

ORCID numbers are provided on the title page as requested.

Core tip section provided

References reformatted.

On behalf of the authors, thank you for accepting our work.

Sincerely,

A handwritten signature in cursive script that reads "A. Sidney Barritt IV".

A. Sidney Barritt IV, MD, MSCR



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