Author’s response to reviews

Title: Short and Long-Term Metabolic Outcomes in Patients with Type 1 and Type 2 Diabetes receiving a Simultaneous Pancreas Kidney Allograft

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Author’s response to reviews:

Dear Editor in Chief,

Thank you for reviewing our manuscript entitled “Short and Long-Term Metabolic Outcomes in Patients with Type 1 and Type 2 Diabetes receiving a Simultaneous Pancreas Kidney Allograft” (BEND-D-19-00102). We appreciate that the first revision was well received and would like to address the missing parts as suggested.

We hope that pending revisions, you might find the manuscript now suitable for publication in your prestigious journal.

Sincerely, Robert Sucher MD

Editor Comments:
Improvements present in this revision, but the authors need to include already stated limitations of this study in Discussion. Consider if the readers receive a sufficient discussion so far of "...the indirect effect of the longer waiting time and the inferior organ quality when listed for a KTX alone" deficiency highlighted by Reviewer 2.

Changes should be highlighted in text, and p-values decimal places rounded up to 2 places.
Question:
Consider if the readers receive a sufficient discussion so far of "...the indirect effect of the longer waiting time and the inferior organ quality when listed for a KTx alone.

Response:
Our initial response on this subject was sparse. We therefore included another short paragraph addressing this topic. We also included 4 more references.

Changes in the text:

Comparisons of patient groups are complicated due to differences in SPKT and KTA recipients as well as different prioritizations on the waiting list for both patient groups. The SPKT patient by nature, has fewer comorbidities, is younger and predominantly suffers from T1DM. The small group of T2DM patients who qualify for SPKT by law do not have a profound metabolic syndrome and benefit from shorter waiting time and superior organ quality, since combined pancreas and kidney allografts categorically originate from young non marginal donors. With no doubt, both groups must be considered to more likely survive long term than the typical diabetic KTA patient.

From this point of view conclusions that superior outcomes for SPKT recipients may be solely attributed to the pancreas transplant or the type of patient that receives a SPKT must be seen critically. Hence, most analyses including our own, that compare SPKT and KTA patients, conclude that the benefit of the pancreas transplant is modest.

Question:
p-values decimal places rounded up to 2 places
Response:
Has been corrected.