Author’s response to reviews

Title: Adherence to Mediterranean and low-fat dietary interventions in thoracic transplant recipients: a randomized feasibility study

Authors:

Timothy Entwistle (timothy.entwistle@manchester.ac.uk)

Adèle Green (Adele.Green@qimrberghofer.edu.au)

James Fildes (James.Fildes@manchester.ac.uk)

Kyoko Miura (Kyoko.Miura@qimrberghofer.edu.au)

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Reviewer #1: The paper addresses a topic of major interest in many medical domains, i.e. nutritional intervention to ameliorate metabolic disturbances.

Therefore, the article should be of interest for the readers. I would recommend the paper for publication. Just some minor points:

1. In the abstract, I would suggest to insert the statement about good and increasing adherence over time in both groups and then support the assertion with the data.

→ We have included quantitative data to show the changes in dietary, anthropometric and laboratory measurements (lines 15 to 20)

→ We have also stated “The change from baseline eating habits was notable at 6-months; and this change was maintained at 12-months and 6-weeks post-intervention, in both Mediterranean diet and low-fat diet groups”. (lines 22 to 24).

2. Patients’ and families’ education is crucial for the success. The idea should be inserted in the abstract and in the conclusions as well, of course briefly.
We have now included the sentence in the Abstract “Dietary interventions based on comprehensive, well-supported education sessions targeted to both patients and their family members are crucial to success.” (lines 24 to 25)

Similarly we have included the sentence in the paper’s Conclusion “Dietary interventions based on education sessions targeting both patients and family members are crucial for the interventions’ success.” (lines 318 to 319)

3. The authors clearly explain the reason they did not use data on inflammatory state. I suggest to briefly include this explanation in the manuscript.

We have now included the reasons in the manuscript: “As a potential indicator of clinical effectiveness of the interventions, a biomarker of inflammatory state, namely high sensitive C-reactive protein (hs-CRP), was measured. However, hs-CRP values were highly skewed because inflammation status was heavily influenced by other factors, especially the background morbidity (generally high inflammation) and routine medication (Prednisolone, lowering inflammation) in these patients. Consequently, these data did not provide useful information by diet group.”

(lines 177–182)