Dear Dr. Haberal,

We would like to thank Dr. Kabir for his comments about our recent article on new-onset diabetes after liver transplant (NODAT). As mentioned in our Methods section, those persons with impaired fasting glucose levels or diabetes mellitus after liver transplant (according to definition of American Diabetes Association) were included in our study, and known cases of either condition before transplant were excluded. In this retrospective study, we could not reach any conclusions on those issues not recorded systematically in the charts (eg, family history of impaired fasting glucose). These issues must be resolved in a prospective study, currently underway at our center.

In our study, the ages of patients with NODAT were higher than controls, but patients with NODAT received higher dosages of tacrolimus. Contrary to what was proposed by Dr. Kabir, this was not because of age, as lower dosages of calcineurin inhibitors are usually used with advancing age because of fear of nephrotoxicity. During our study, tacrolimus trough levels were measured in many patients and the dosage adjusted accordingly. However, because the result was not available for all individuals, and because the test was not done at a single laboratory with one protocol, this information was unavailable for analyses. We should mention that we analyzed in all variables—even variables with $P$ values greater than .05 but less than .2—in univariate analysis, and the results showed that only age and mean tacrolimus dosage correlated with NODAT.

We emphasize that our conclusions on more-intense follow-up in patients with older age and on higher dosages of tacrolimus were based on our own results, which was mentioned in the article.

References