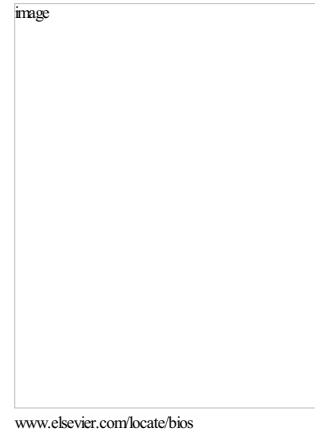


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Comment on: Preoperative Insulin Therapy as a Marker for Type II Diabetes Remission in Obese Patients After Bariatric Surgery

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To the Editor:

The incidence of type 2 diabetes mellitus (T2DM) continues to rise worldwide driven by the obesity epidemic (1). One of the main talents bariatric surgery (BS) has is that it brings T2DM into remission (1). However, despite high short-term success rates, a proportion of patients fails to achieve sustained control of diabetes following surgery (2). At five-year follow-up, only around 20-40% of patients maintain T2DM remission (2-4). Thus, it is necessary to elucidate which are the individual long-term T2DM remission predictive factors in order to identify whom will be a poor responder to BS (5). This would therefore enable us to preoperatively inform the patient about the likelihood of suboptimal outcomes and guide the decision to perform BS adjusted to patient's expectations.

Along these lines, several studies have studied this population at risk of poorer T2DM remission rates. There are several factors shown to be predictors of a lower likelihood of mid- and long-term diabetes remission such as age, diabetes duration, diminished beta-cell function/reserve, worst glycaemic control, insulin dependence and poor early postoperative weight loss (5-7). However, these two last factors are the ones that have shown to have a higher predictive power (8).

In this issue, Newcombe and colleagues report, as it has previously been done by other research groups, that insulin dependent diabetic patients have lower short-term remission rates at 1-year follow-up than non-insulin dependent ones, regardless of the preoperative HbA1c. These authors showed insulin therapy as a negative predictive factor of T2DM remission. However, insulin therapy has been associated with longer diabetes duration and a worst glycaemic control. Consequently, it makes sense to accept that these subjects had lower  $\beta$ -cell function, fact that might be a big confounder and that unfortunately, was not measured in the present study.

Different predictive scores have also been developed to foresee whom may benefit the most from BS in terms of diabetes improvement which would allow to optimize the BS outcomes. These include the DiaRem (9, 10) and the ABCD scores (11). Both have good predictive power, but the ABCD score seems to be better at differentiating patients with poorer score (27.9 vs.9.1%,  $p < 0.001$ ) (11). The main differences are that the DiaRem score includes HbA1c, medication, and insulin usage while the ABCD score includes BMI, C-peptide level and

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