Response to comments on CFRD chapter

The following has been added to the chapter:

Oral diabetes agents are currently not recommended in CFRD. A Cochrane review did not identify any randomized controlled trials other than the CFRDT Trial 84, where the insulin secretagogue repaglinide was not able to produce sustained weight gain in individuals with CFRD without fasting hyperglycemia 72. Results of a recently published multicenter European study comparing insulin and repaglinide showed no differences in HgA1c, BMI, lung function or adverse events between the two treatments after 2 years of therapy; they suggest that repaglinide could be considered for treatment of early CFRD (Ballman M, Hubert D, Assael BR, et al. Repaglinide versus insulin for newly diagnosed diabetes in patients with cystic fibrosis: a multicenter, open-label, randomised trial. Lancet Diabetes Endocrinol 6(2) p114-121, Feb 2018). These results should be interpreted with caution (Moran A. Is it time to treat CFRD with oral diabetes agents? Lancet Diabetes Endocrinol 6(2) p85-7, Feb 2018). Problems included high dropout rates, considerable variability in insulin dose across 30 centers, and very few patients per center with recruitment stretching over almost a decade. Most concerning was the lack of improvement in either group, in contrast to previous findings of weight gain with insulin therapy in CFRD, suggesting that the inconsistent approach to insulin therapy may have influenced the results—ie, repaglinide wasn’t worse than insulin, but insulin treatment in this study did not achieve previously reported benefits.