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## Authors' reply

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We thank Mattias Bronström for his interest in our Article.<sup>1</sup> The Da Qing Diabetes Prevention Study was not terminated prematurely, but ran the planned full course of 6 years of intervention.<sup>2</sup> Subsequently, 20 years after the initial randomisation, we designed and implemented an observational follow-up study with prespecified outcomes and reported the results on the macrocomplications and microcomplications of diabetes.<sup>3,4</sup> Because of potentially very important, but non-significant, trends in mortality seen in the 20 year followup, a subsequent follow-up at 23 years was specifically designed to determine whether the death rates between the lifestyle intervention and control groups continued to diverge.<sup>1</sup>

The observation of a greater effect of lifestyle intervention in women, which was the result of a post-hoc analysis, was not anticipated and the explanations remain unclear. Given its level of statistical significance, we believe that this result needed to be reported. However, we do share some of Bronström's hesitation to accept its magnitude at face value. More importantly, as the first report of a randomised controlled trial to show statistically significant reduction in mortality rates after lifestyle intervention in patients with impaired glucose tolerance,<sup>1</sup> replication of the findings from continuing studies such as The Diabetes Prevention Program Outcomes Study (DPPOS)<sup>5</sup> will be important to determine the extent to which our results can be generalised.

## References

1. Li G, Zhang P, Wang J, et al. Cardiovascular mortality, all-cause mortality, and diabetes incidence after lifestyle intervention for people with impaired glucose tolerance in the Da Qing Diabetes Prevention Study: a 23-year follow-up study. *Lancet Diabetes Endocrinol.* 2014; 2:474–80. [PubMed: 24731674]
2. Pan XR, Li GW, Hu YH, et al. Effects of diet and exercise in preventing NIDDM in people with impaired glucose tolerance. The Da Qing IGT and Diabetes Study. *Diabetes Care.* 1997; 20:537–44. [PubMed: 9096977]

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We declare no competing interests.

3. Li G, Zhang P, Wang J, et al. The long-term effect of lifestyle interventions to prevent diabetes in the China Da Qing Diabetes Prevention Study: a 20-year follow-up study. *Lancet*. 2008; 371:1783–89. [PubMed: 18502303]
4. Gong Q, Gregg EW, Wang J, et al. Long-term effects of a randomised trial of a 6-year lifestyle intervention in impaired glucose tolerance on diabetes-related microvascular complications: the China Da Qing Diabetes Prevention Outcome Study. *Diabetologia*. 2011; 54:300–07. [PubMed: 21046360]
5. Knowler WC, Fowler SE, Hamman RF, et al. 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study. *Lancet*. 2009; 374:1677–86. [PubMed: 19878986]

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