

Dear Prof. Wang

Many thanks for the helpful comments of the reviewers, which help us to improve our paper entitled “Title: Type 2 diabetes in children and adolescents” (Manuscript revision NO: 5533). Some spelling and grammar errors have been corrected. We have dealt with their comments as follows (all changes in the paper are highlighted in yellow):

### **Reviewer 1**

The manuscript by Dr. Thomas Reinehr, attempts to give the last data regarding type 2 diabetes mellitus in children and adolescents. The author’ main idea to initiate this review is interesting and give us new data for the future about type 2 diabetes. The article highlights some important aspects on type 2 diabetes mellitus such as: its pathophysiology, epidemiology, diagnosis, screening, complications, pharmacological treatment and prevention. The authors expressed their points clear and developed them, finding a lot of articles backed by evidence (examples) to support or not their results. They also had a critical thinking and a well-organized writing. My opinion is that, this paper is very good regarding the prevention and treatment of type 2 diabetes mellitus for public health.

*Thank you for your support.*

### **Reviewer 2**

The review “type 2 diabetes in children and adolescents” summarizes current knowledge about incidence, manifestation and treatment of type 2 diabetes in children and adolescents. It underscores that type 2 diabetes in children is still a rare condition, but that its prevalence is increasing. It further highlights shortcomings of current treatments and interventions.

*Thank you for your support.*

1) There are a few things in the text that must be clarified. There are three sections (Page 10 last two lines – page 11 first 19 lines; page 13 section “Monitoring and treatment ...”; page 15-16 section “Family dynamics”) that are without references. The author should add references or make clear that they are his opinions or recommendations.

*Thank you for this hint. We have included references concerning these statements (see pages 11-14 and have omitted the paragraph family dynamics.*

2) The sentence “Therefore, in mental retarded children.. these syndromes should be excluded” on page 5 is unclear. What should they be excluded from?

*We have omitted this sentence.*

3) The sentence “The UKPDS ...” on page 12 is unclear and/or with wrong grammar.

*We have omitted this sentence.*

4) On page 9, the author mentions that HbA1c is not a useful screening tool. However the reference is from 2005. Has the HbA1c been standardized since then to become more reliable in children?

*Thank you for this important hint. We have changed our manuscript (see page 9) to “Studies using HbA1c as screening tool were disappointing, since one third of the asymptomatic children with type 2 diabetes mellitus demonstrated normal values (3). The standardisation process of the HbA1c may have improved its screening value, since HbA1c has been included in the ADA recommendation for the diagnosis of diabetes (18;46). However, studies testing the usefulness of HbA1c after the standardisation process as screening tool are missing yet.”*

5) References 3 and 34 are identical. References 62 and 69 are identical.

*We apologize for these mistakes and have updated the references.*

6) The tables and figures need further work. Specifically: Table 2, MODY diabetes: The author might mention that associated disorders are dependent on the MODY type.

*Thank you for this hint. We have followed this suggestion (see table 2).*

7) Table 3 seems superfluous, as it simply lists general criteria for diabetes.

*We have omitted table 3.*

8) Table 4 should be formatted in a more pleasing format.

*We have changed table 4 (now table 3).*

9) Table 5 needs some clarifications. The column heading “b-cell enhancing” should be changed to indicate that treatments enhance insulin secretion. The column heading “use” is unclear. For the insulin treatment, the author might mention risk of hypoglycemia. For GLP1 mimetics, the author might mention effects on body weight. What is the difference between one, two, or three question marks? Is surgical treatment approved for children? For completeness, the author might also include SGLT2 inhibitors in the table.

*Thank you for these hints. The question marks have been removed. It is now outlined that surgical treatment is approved for children. Furthermore SGLT2 inhibitors are included in this table. The effect of various drugs on body weight has been included. The risk of hypoglycemia has been added. The column “b-cell enhancing” has been re-named as suggested*

10) Figure 1: There is inconsistency of font type. Please correct spelling of C-peptide.

*We apologize for these mistakes and corrected the figures.*

*We hope our paper is now suitable for World Journal of Diabetes*

*Yours sincerely*

A handwritten signature in black ink, appearing to read 'Reinehr', with a long horizontal stroke extending to the right.

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