Reviewers response

Dear reviewers, thank you for taking time to read and correct our manuscript. We have now adapted our manuscript with your remarks and checked for errors we didn't notice in the first version.

Happy Holidays from our team!

Reviewer #1

1. Introduction: the authors should be presented more information of DCM, and to clarify the significance of DCM.

Dear reviewer we appreciate your comment. We now expanded the introduction part bringing to further disclosure of DCM. In addition, we slightly corrected the part regarding the definition of DCM and upgraded grammar of the manuscript.

"The reason behind exigent diagnosis of this clinical entity lies in the long asymptomatic phase of the disease. Namely, the DCM initially presents with clinically covert myocardial fibrosis, dysfunctional cardiac remodelling and associated diastolic dysfunction, later progressing to systolic dysfunction, and eventually to overt HF. The changes that lead to the DCM are triggered by hyperinsulinemia and increased insulin resistance, whereas the underlying molecular changes that are involved in the pathophysiologic development of the DCM include: abnormalities in the adenosine monophosphate-activated-activated protein kinase (AMPK), nuclear factor κ-light-chain-enhancer of activated B cells (NF-κB), nuclear factor erythroid 2–related factor 2 (Nrf2), cyclic adenosine 5'-monophosphate-responsive element modulator (CREM), peroxisome proliferator-activated receptors (PPARs), O-linked N-acetylglucosamine (O-GlcNAc), protein kinase C (PKC), microRNA and exosome pathways[4]."

2. Pathophysiology of DCM. The author provided the information with different signal pathway. However, the present description should be revised with the different classification such as oxidative stress, metabolic change, and the molecular signal pathway.

Dear reviewer we appreciate the above-noted remark. We have now added underlying molecular signal pathways involved in pathophysiologic development and discussed in the main text those molecular signaling pathways that were important for increasing the comprehension of the main part, i.e. the biomarkers, as we hold that sequencing of each one is beyond the scope of this review. In this review, we tried to discourse on pathophysiology of the DCM from mechanistic point of view in order to make the manuscript more "accessible" to clinicians, as they are in our opinion target readers of this article.

3. Biomarkers in DCM: at present, there are two parts including classical cardiac biomarkers in DCM, and Novel biomarker of DCM. In fact, according to the authors conclusion, biomarkers in DCM is not specific marker of the classical cardiac biomarkers. And the novel biomarker of DCM need further confirm. So, the authors should be changed the present classification and re-organised the present contents.

Dear reviewer we appreciate the above-noted remark. We now edited the title of the paragraphs so they more properly fit to the text they relate.

New titles:
"Role of traditional cardiac biomarkers in the management of diabetic cardiomyopathy"
"Novel biomarkers of diabetic cardiomyopathy"

Reviewer #2

1. Diabetic cardiomyopathy is recognized as a cause of substantial morbidity and mortality among patients with diabetes mellitus. Kumric M et al. summarized biomarkers in diabetic cardiomyopathy. For better understanding, add several figures on signal pathway.

Dear reviewer, upon your remark we have now added two additional figures that further delineate molecular targets of the presented biomarkers.

Editorial Office

1. The authors need to provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement.

Dear editors, we have now added the requested documents

The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Dear editors, we have now merged all the figures in one pptx file.

Review, 2nd round

Dear reviewer, thank you for taking time to read and correct our manuscript. We have now adapted our manuscript with your remarks and checked for errors we didn't notice in the first version.

The authors had widely revised with the reviewers' advice. The revision should be accepted. However, the following questions should be conceived.

1. The conclusion should be abbreviated.
   Dear reviewer we appreciate the comment. We have mistakenly merged *Discussion and future perspectives* section with *Conclusion* section. We have now corrected this error by separating these sections and abbreviated it by removing one subsection.
2. The present limitation of the paper should be introduced in the last part
   Dear reviewer, thank you for your comment. Upon your remark we have now added limitations of our study to the discussion.
3. You should always cite references that are relevant to your article. Moreover, authors should not cite their own unrelated published articles. No more than three self-cited references should be included in your manuscript. According to the requirements of the journal, no more than three self-citations are allowed in the manuscript, otherwise it will not be accepted.

Dear reviewer, thank you for your comment. We have now removed one reference that might not be suitable for the paper.