

To:

Editor-In-Chief
World Journal of Cardiology
Baishideng Publishing Group Co.Limited
Room 1701, 17/F, Henan Building, No. 90 Jaffe Road,
Wanchai, Hong Kong, China

Sub: Submission of revised manuscript.

Name of journal: World Journal of Cardiology

Manuscript NO.: 85787

Respected Editor-In-Chief,

The authors of manuscript ID 85787 sincerely thank the reviewers for taking the time to provide detailed comments on the aspects of the manuscript that need to be revised. The revised manuscript has undergone language editing to meet the publication requirement (Grade A).

We have meticulously addressed the feedback to the best of our abilities as follows:

Response to Reviewer 1:

Comment 1: This article is well written and there are few flaws in the introduction and long discussion. Congratulations to the authors for a good and flawless research. Just the introduction and the discussion will be shorter.

Response: Thank you for the kind remark. We have amended the introduction and discussion to make it more concise.

Response to Reviewer 2:

Comment 1: Abstract: AIM is not an abbreviation but a word; periods may not be written after each letter. This applies to all abbreviations in the abstract and throughout the manuscript, which must be written without a period after each letter (R.T.C. - should be RTC). Correct other abbreviations (DALYs, CER, BMI, TC, RXT, NRCT, AMPK, ARNT, BMAL, ROR, AMP, DNA, BDNF, TEF).

Response: We have corrected the abbreviation issues in this manuscript to be written without period.

Comment 2: Figure 1 states that 15 studies are included but 16 reports, whereas the beginning of the Discussion states that 16 articles from 15 studies are included. The authors should explain this. Table 1 lists two references for the same data: Chow et al., 2020 [55], Lobene et al., 2021, but the Lobene et al. article is missing from the references list at the end of the manuscript.

Response: Outcomes of the studies conducted by Chow et al. were reported in multiple papers including Chow et al., 2020 and Lobene et al., 2021. While both papers provided information outcomes of interest of this systematic review, main findings were reported in Chow et al.,

2020 while Lobene et al., 2021 focused on bone related parameter. We decided to standardize reporting to 15 reports considering all required data for meta-analysis can be obtained from Chow et al., 2020.

Comment 3: Standardized mean differences were used for the overall effect of TRE on total fat mass and insulin, whereas mean differences were used in all other cases. Why is this the case? Please explain the difference.

Response: We used mean differences (MD) when all studies reported their results for the specific outcome in same measurement units. However, when different measurement scales were used as per findings reported for total fat mass and insulin, we opted for standardized mean differences.

Comment 4: In the subgroup analysis for the TRE intervention of the outcome between four and six hours, it is written that there is no statistically significant change for lean body mass. However, there was a p-value of 0.01, which means a statistically significant difference. Therefore, it is necessary to correct this in the manuscript's text. The first sentence of HOMA-IR should be worded more clearly because it states, 'seven studies showed reported no significant...'. The subgroup analysis for the TRE intervention of the outcome between seven-and nine-hours states that there is no statistically significant change in LDL cholesterol. However, a p-value of 0.02 was found, indicating a statistically significant difference. Therefore, it is necessary to correct this in the text.

Response: We corrected the result statements for the subgroup analysis for lean body mass and LDL to match the analysis. We also amended the first sentence of the HOMA-IR result.

Thank you,

Sincerely,

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