

Dear Editors:

On behalf of all the contributing authors, I would like to express our sincere appreciations of your letter and reviewers' constructive comments concerning our article entitled "Impact of body mass index on kidney adverse events in diabetes mellitus patients: a systematic review and meta-analysis" (Submission ID: 89210). These comments are all valuable and helpful for improving our article. According to the associate editor and reviewers' comments, we have made extensive modifications to our manuscript and supplemented extra data to make our results convincing. In this revised version, changes to our manuscript were all highlighted within the document by using yellow-colored text. Point-by-point responses to the nice associate editor and two nice reviewers are listed below this letter.

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** This is a meta-analysis that includes studies from different countries for studying the role of obesity on higher kidney adverse events in patients with diabetes mellitus type 2. The obesity was defined  $> 25 \text{ kg/m}^2$ . This was a limitation. In fact, the kidney adverse events were defined as systolic blood pressure or dyslipidaemia. Another limitation is the absence of follow-up. The conclusion is that high BMI is associated with adverse kidney events in diabetic patients. Minor: Sometimes DM is written as DN.

A: Thank you for the comment. Because different countries have different definitions of obesity, in order to make the results of the article more clinically applicable we simplified the measurements to  $\geq 25 \text{ kg/m}^2$  or  $< 25 \text{ kg/m}^2$  as a cutoff value used to define high vs low BMI. We searched all of the articles in the mentioned databases concerning type 2 diabetes and obesity that focused on adverse renal events, of which 11 articles were included. Four of these had follow-up data; however, because the inclusion criteria did not limit the follow-up time, not all of the articles had follow-up data. All language errors in the manuscript have been corrected.

#### **4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH**

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

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In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

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Example 2: *Helicobacter pylori* (H. pylori)

- (8) Figures:** Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

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A: Thank you for your comment. We have performed language polishing, image production, and table modifications as required. We downloaded all of the uploaded documents, completed them as required, and uploaded them as accompanying documents.