

Comments to Authors: Diabetes mellitus is a global medical problem. The disease is associated with the development of various complications affecting the quality of life and prognosis. This article is devoted to an important problem in diabetes mellitus - myosteatosi.

Response: Firstly, we would like to thank you for your kind constructive comments concerning our article. All these comments are valuable and helpful for improving our manuscript. We have seriously discussed about all these comments. According to your comments, we have tried best to modify our manuscript. Point-by-point responses are listed below this letter.

Comment 1: The abstract and materials and methods stated that the patients had no history of cardiovascular disease. For what reason were 22.2% of patients taking aspirin? Did the patients have coronary heart disease? Based on the fact that a significant proportion of patients were taking antihypertensive medications, they had arterial hypertension. In this regard, the abstract "Patients with T2DM but without cardiovascular disease..." needs to be corrected.

Response: Yes, we are agree with your comments. We added the information of coronary heart disease of included patients and revised the description in the abstract as "Patients with T2DM but without major cardiovascular events" in consistent with the exclusion criteria.

Comment 2: What do the numbers 11, 7, 21 in the exclusion criteria mean?

Response: The numbers mean the patients excluded in each criteria. In the new manuscript, we deleted these numbers to avoid misunderstanding.

Comment 3: Was the association of myosteatosi with the presence of COPD, atherosclerosis of lower limb arteries, hormonal status (levels of estrogen, progesterone, and testosterone, adrenal hormones, thyroid hormones, etc.) assessed?

Response: Indeed, the patients with COPD have lower levels of muscle attenuation and myosteatosi is associated with systemic inflammation and loss of muscle bioenergetics in stable COPD (Persson HL, 2022; Qiao X, 2022). Consumptive disease was an exclusion criteria in our study and almost no patients with COPD were included. Therefore, we didn't assess the association of myosteatosi with COPD in our study.

Reference

Persson HL, et al., Skeletal myosteatosi is associated with systemic inflammation and a loss of muscle bioenergetics in stable COPD. J Inflamm Res. 2022 Aug 1;15:4367-4384.

Qiao X, et al., CT attenuation and cross-sectional area of the pectoralis are associated with clinical characteristics in chronic obstructive pulmonary disease patients. Front Physiol. 2022 Jun 3;13:833796.

The clinical characteristics of patients with or without myosteatosi was compared in the revised manuscript (Table S1). The patients with myosteatosi showed higher

percentage of CHD but no difference in the risk of diabetic complications including lower-extremity arterial disease. Hormonal status play important roles in maintaining muscle health. In our hospital, only thyroid hormones were regular measured in hospitalized patients with type 2 diabetes. The patients with myosteatorosis showed no difference in the levels of thyroid hormones. We are performing another study focused on the relationship of cortisol circadian rhythm with sarcopenia. The patients with higher levels of nighttime cortisol, rather than morning or afternoon cortisol, have a higher risk of sarcopenia. In the revision, we added the missing of hormonal status as a limitation.

Comment 4: Were measures of physical weakness/endurance assessed? Have patients' physical activity levels been assessed?

Response: Our study is a retrospective study. The information of muscle function and physical activity of patients was missing. We listed these as limitations of our study.

Comment 5: Was the relationship of myosteatorosis to the intake of any medications assessed?

Response: As shown in Table S1, the patients with myosteatorosis had higher percentages of insulin, statins and aspirin usage. However, this does not mean these medications induce myosteatorosis because of the patients with myosteatorosis have a higher risk of coronary heart disease and lower level of HOMA2- β . We discussed the characteristics of patients with myosteatorosis in the revised manuscript.

JOURNAL EDITORIAL BOARD'S REVIEW REPORT

Name of journal: World Journal of Diabetes

Manuscript NO: 89473

Title: Myosteatorsis is associated with coronary artery calcification in patients with type 2 diabetes

Journal Editor-in-Chief/Associate Editor/Editorial Board Member: Lu Cai

Country/Territory: United States

Editorial Director: Jia-Ru Fan

Date accepted review: 2024-02-04 09:15

Date reviewed: 2024-02-04 09:51

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	language polishing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Major revision

JOURNAL EDITORIAL BOARD COMMENTS TO AUTHORS

1) The authors only provided the responses to the reviewer's comments that sound acceptable, but the author did not clearly indicate how and where the corrections or modifications were done, which made other reviewers difficult to judge whether the revised manuscript is satisfied. 2) Due to #1's reason, now the revised manuscript with authors' responses to the reviewer should be sent to the original reviewer to check whether the revised version is satisfied or not.

Reply: Firstly, we would like to thank Editor Lu Cai for these comments. The modifications in revised manuscript were marked in yellow which can help the reviewer to find our corrections. And the revised manuscript has also been sent to the original reviewer and our revised version is satisfied. In



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: office@baishideng.com
<https://www.wjgnet.com>

addition, we have also revised our manuscript for language problems and provided a language certificate.

JOURNAL EDITORIAL BOARD'S REVIEW REPORT

Name of journal: World Journal of Diabetes

Manuscript NO: 89473

Title: Myosteatorsis is associated with coronary artery calcification in patients with type 2 diabetes

Journal Editor-in-Chief/Associate Editor/Editorial Board Member: Qi-Nan Wu

Country/Territory: China

Editorial Director: Jia-Ru Fan

Date accepted review: 2024-02-04 13:41

Date reviewed: 2024-02-04 14:24

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade D: Fair	language polishing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Major revision

JOURNAL EDITORIAL BOARD COMMENTS TO AUTHORS

This manuscript should be accepted in this style

Reply: Thank you very much for your affirmation and approval to my article.

Thank you and best regards.

Yours sincerely,

Fupeng Liu

Department of Endocrinology,

Affiliated Hospital of Jining Medical University,

Jining,

Shandong,

China, 272029