

Reviewers' comments and authors' replies:

Reviewers' comments	Authors reply	Action taken
<p>Reviewer #1.</p> <p>I generally agree with the statement in the letter rather than the original review. Although I may be biased, the drug selection between DPP-4 inhibitors, SGLT2 inhibitors, and GLP-1 receptor agonists should be mainly based on the baseline risk of cardiovascular diseases and potential contradiction but rather than age per se.</p>	<p>Thank you!</p>	<p>-</p>
<p>Reviewer #2.</p> <p>1. The authors made a successful replenish to the minireview recently published in the journal, attaching importance to the comparison between SGLT-2Is and DPP-4Is. While agreeing with the inferiority of DPP-4Is compared the GLP-1RAs, they presented their hesitation about whether DPP-4Is have superiority over SGLT-2Is in elderly patients, and listed their reasons based on several clinical trials, meta-analysis and guidelines.</p> <p>2. The title and key words are compatible with the focus of the manuscript. However, the abstract seems to fail to summarize the core tips and the well contribution of the manuscript, lacking the description about the main points and the final conclusion.</p> <p>3. The relationship between DPP-4Is and heart failure remains controversial in recent years, while there have been several meta-analyses studied the extent to which DPP-4Is affect the risk of heart failure in patients with type 2 diabetes, which seems to be overlooked in the part of cardiovascular effect in this manuscript.</p> <p>4. The authors find an interesting phenomenon about the baseline HbA1c value and the lowering effect of SGLT-2Is vs. DPP-4Is. It would be better if they can propose some potential mechanism about the truth.</p>	<p>1. Thank you!</p> <p>2. Thank you. We have rephrased the abstract section – as advised.</p> <p>3. Since Florentin and colleagues have already mentioned every detail of HF outcomes with each DPP-4I, we did not further comment on this issue in our letter.</p> <p>4. Thank you. We have added the following comment- “Although a reduction in HbA1c is always larger when baseline HbA1c is high, we do not know exactly why DPP-4Is reduce</p>	<p>-</p> <p>Purple colored text</p> <p>-</p> <p>Purple colored text</p>

	<p>HbA1c larger compared to the SGLT-2Is when the baseline value is modest. Since SGLT-2Is HbA1c lowering ability is dependent on the renal threshold of glucose excretion (RT_G), modest baseline HbA1c may not produce further lowering of RT_G.”</p>	
<p>Editorial comment:</p> <p>I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Diabetes, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors.</p> <p>Please be sure to use Reference Citation Analysis (RCA) when revising the manuscript. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. For details on the RCA, please visit the following web site: https://www.referencecitationanalysis.com/.</p> <p>Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.</p>	<p>Thank you so much!</p> <p>We are already registered on RCA.</p> <p>Table changed as three-line format.</p>	<p>-</p> <p>-</p> <p>Table 1</p>