Dear Executive Editorial Office World Journal of Diabetes

Dr. Editor,

Thank you for the review of our manuscript (No.: 89974), and for the opportunity to submit a revised manuscript. We have carefully modified the manuscript based on the reviewers' comments. Below, we provide a point-by-point response to the reviewers' comments. We also invited a native speaker, Dr.Shahin Alam to do the language proofreading (where we highlighted with yellow color). The abbreviations, figures, and tables have been standardized according to the requirements of the editor.

Responses to the comments from the reviewer

1. Authors list does contain few references from the specified recent years, it's important to note that the majority of the references range from 2005 to 2020. In f In rapidly evolving field like medical research, where recent findings can be crucial, it's often expected that the literature review includes a significant portion of recent studies, in addition to ideally within the last five years. However, As we are currently in 2023, the most recent references date back at least three years which made unacceptable gap. It is generally necessary to include the most current literature to reflect the latest findings. Therefore, it would importantly be adding a review of the literature to include more recent studies from 2021 to 2023.

We have supplemented our research with studies from the past three years and have organized the references accordingly. The added references are listed as follows:

Stuart K, Alarcos C. Rising to the challenge: estimates of the magnitude and causes of vision impairment and blindness. Lancet Glob Health 2021;9(2):e100-e101.

Levimar RA, Juliana LO, Monica AG, et al. Use of digital retinography to detect vascular changes in pre-diabetic patients: a cross-sectional study. Diabetol Metab Syndr 2023;15(1):225.

Asahi F, Yohei H, Hiroki M, et al. Association between lifestyle habits and glaucoma incidence: a retrospective cohort study. Eye (Lond) 2023;37(16):3470-3476.

David JR, James TK, Arjun S. Keeping an eye on the diabetic foot: The connection between diabetic eye disease and wound healing in the lower extremity. World Journal of Diabetes 2022;13(12):1035-1048

Thank you once again for your kind consideration of our manuscript in your journal. We would be delighted to see this in publication in due course.

Yours sincerely,

Siting Ye MD Second College of Clinical Medicine, Guangzhou University of Chinese Medicine, Guangzhou 510405, China Email: yesiting@gzucm.edu.cn Tel: +86 13660362553 Dear Executive Editorial Office World Journal of Diabetes

Dr. Editor,

Thank you for the review of our manuscript (No.: 89974), and for the opportunity to submit a revised manuscript. We have carefully modified the manuscript based on the reviewers' comments. Below, we provide a point-by-point response to the reviewers' comments.

Responses to the comments from the reviewer

1. It is well known that the Framingham Heart Study showed that the risk of CHD and the risk for CHD death were 1.38 and 1.86 times higher, respectively, for each 10-year increase in duration of diabetes (PMID: 14988289). The present study WAS NOT CLEARLY DISTINCT of the fact that the younger age at the diagnosis of diabetes, the higher (or larger) relative risk of incident ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision loss from the fact that the risk of ocular diseases and greater vision l

We agree with the Editor that the association between age at diagnosis of diabetes and risk of ophthalmic conditions might be dependent of duration of diabetes. However, Figure S3 shows that this association is independent of duration of diabetes.

2. Although the authors mentioned "After adjustment for covariates, the association was reversed with diabetes diagnosed at younger age associated with a larger HR. This trend remained consistent after further adjustment for diabetes duration (Supplementary Figure 5)." in page 12. Since this is a very easily knowledge that the duration of diabetes since the younger who was diagnosed as diabetes the longer the duration of diabetes if all examined at the one-time data, the authors are better to give a detail explanation how this was further adjusted. In addition, this important adjustment is also suggested to be included in the main body of the manuscript, instead of provided as a supplementary result.

We agree with the Editor that the younger a person is when diagnosed with diabetes, the longer the overall duration of diabetes. However, people who were diagnosed at the same age might have different durations of diabetes, as they could differ in age at baseline. For example, the duration (10 years) for patients diagnosed at age 45 and aged 55 is longer than that (5 years) for those diagnosed at age 45 and aged 50. As shown in Figures S3 and S5, the associations were independent of the duration of diabetes. Following the Editor's suggestion, we have included Figures S3 and S5 in the main manuscript.

Thank you once again for your kind consideration of our manuscript in your journal. We would be delighted to see this in publication in due course.

Yours sincerely, Siting Ye MD Second College of Clinical Medicine, Guangzhou University of Chinese Medicine, Guangzhou 510405, China Email: yesiting@gzucm.edu.cn Tel: +86 13660362553