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Dear Editor,

On behalf of the authors, I would like to respond to the reviewers for a submitted manuscript entitled “***HNF1A* mutation in a Thai patient with MODY: A case report**” for your consideration to be published as an original research article in **the World Journal of Diabetes**.

We would like to thank the reviewer for careful and thorough reading of this manuscript and for the thoughtful comments, which help to improve the quality of this manuscript. Our responses are as follows (*the reviewer's comments are in italics*).

Yours sincerely,  
Nattachet Plengvidhya

**Reviewer's code:** 03469257

***SPECIFIC COMMENTS TO AUTHORS***

*In the manuscript titled "Clinical response to oral sulfonylureas in a Thai patient with maturity-onset diabetes of the young (MODY) and HNF1A mutation: A single-case study" Watip Tangjittipokin and colleagues described a single case of MODY3. This case report is important and interesting. Experimental data are well documented. However, quality of English is poor, especially the abstract is very badly written. Extensive grammatical correction is needed for this manuscript.*

**Response:**

This manuscript was reviewed for English language by English native speaker from English language editing service, Department of Research, Faculty of Medicine, Siriraj Hospital, Mahidol University

**Reviewer's code:** 02446585

***SPECIFIC COMMENTS TO AUTHORS***

*Reporting this case is important regarding pharmacogenomic bases for individualization of treatment; however, linguistic and grammatical revision is needed*

**Response:**

We appreciate the positive feedback from the reviewer.

This manuscript was reviewed for English language by English native speaker from English language editing service, Department of Research, Faculty of Medicine, Siriraj Hospital, Mahidol University

**Reviewer's code:** 02446627

***SPECIFIC COMMENTS TO AUTHORS***

*Nice case report. Would need language polishing and correction of grammatical errors.*

**Response:**

We appreciate the positive feedback from the reviewer. This manuscript was reviewed for English language by English native speaker as suggestion.

**Reviewer's code:** 03465354

***SPECIFIC COMMENTS TO AUTHORS***

*The proposed manuscript from Tangjittipokin and co-authors is a case report presenting a 31-y.o. diabetic woman with hyperglycemia. Genetic analysis revealed a HNF1A mutation. Patient was insensitive to sulphonylureas. Authors claim that this is the first report of exceptional response to treatment with sulphonylureas in Thai patient with maturity-onset diabetes of the young (MODY)-3. Specific comments and recommendations: - The manuscript needs a complete linguistic revision.*

**Response:**

We appreciate the positive feedback from the reviewer.

Reviewer's code: 03469767

### ***SPECIFIC COMMENTS TO AUTHORS***

*The study investigates clinical response to oral sulfonylureas in a Thai patient with maturity-onset diabetes of the young (MODY) and HNF1A mutation: A single case study. The results sound interesting, however, the manuscript should be improved before the consideration of acceptance for the Journal. Abstract should be complete with more details of the study. Introduction did not explain the HNF1A mutation and the last sentences should be given the aim of the study. more details should be given in case presentation. why the patient referred to center in Bangkok. more details about the condition of patients??/ such as HDL, LDL, TC, and others the medication that patients used? why treatment was withdrawn for this patients that lead to severe hyperglycemia? severe hyperglycemia ??? (FBS --- mg/dl) how the researcher decide about dose of glicazide 20 mg per day?*

*1. Why the patient referred to center in Bangkok.*

**Answer** The patient lives in Bangkok and was not referred to this center. She came to Siriraj Hospital on her own decision. In Thailand, each patient can see the physician at tertiary care hospital at his/her wish by appointment, not necessarily depend on the referral from primary care physician.

*2. How the researcher decide about dose of glicazide 20 mg per day?*

**Answer** After certain medication titration period by her physician at Siriraj Hospital, 20 mg of glicazide provides excellence glycemc control without episode of hypoglycemia.

*3. Why treatment was withdrawn for this patients that lead to severe hyperglycemia? severe hyperglycemia ??? (FBS --- mg/dl)*

**Answer** During early phase of glicazide dosage titration, several episodes of hypoglycemia developed. The patient was fearful and request not to take glicazide further eventhough she was thoroughly informed that her glycemc control would be worse. Nevertheless, her plasma glucose and glycated hemoglobin were progressively deteriorated as shown in figure 3. After comprehensively discussion with her physician, glicazide dosage was retitrated. Its optimal dosage is 20 mg/day as stated in answer to question no.2.

**Reviewer's code:** 00631887

**SPECIFIC COMMENTS TO AUTHORS**

The authors have described a patient with MODY3 and a missense mutation in HNFalpha3 gene, and correlate glycaemic levels with treatment with sulphonylurea. It has previously been demonstrated that patients with MODY and HNFalpha3 mutation do respond better to sulphonylurea administration. The authors show improvement in glycaemic control after sulphonylurea administration to this proband. The importance of genotyping patients with MODY has been emphasized in the literature. Therefore, the manuscript does not add new information to what is already known. English should be revised, especially in the abstract.

**Response:**

This manuscript was reviewed for English language by English native speaker as suggested.