

## POINT-BY-POINT RESPONSE

Manuscript title: Gender specific medicine - insights from and implications of research on adolescent health

Dear Editor in Chief

*World Journal of Clinical Cases*

Please find below the list of changes to the manuscript and our comments to each of the points raised by the reviewer and editors. We wish to thank the reviewer and editors for their valuable comments, suggestions and useful advices that helped us improve the readability and significance of the manuscript. We are also grateful for reviewer's positive opinion about the manuscript and for acknowledging its possible contribution to the field. Please note that in order to accommodate the editor's' valuable suggestions and requests we had to modify the title of the manuscript.

We hope that the reviewer and editors will find the revision satisfactory, and will find the revised version suitable for publication in the World Journal of Clinical Cases.

### **Reviewer #1 suggestions, questions, or comments:**

(1) Why did the authors focus on children and adolescents population rather than adult population?

#### **Author's Response:**

We thank the Reviewer for this comment. There are three main reasons for our preferred and quite unique perspective to focus on the youth population: (1) gender differences, including diverse medical differences, become more apparent at this developmental stage; (2) currently, we believe there is a lack of attention to gender differences at early stages, although those might contribute to gender difference in morbidity at later stages and may allow the medical community to trace the origin of gender differences at elder ages; and (3) our vast experience in studying gender-specific medical profiles among adolescents. This is now clearly described in the abstract and relevant sections of the revised version of the manuscript (for example, in the last sentence of the 'Introduction').

(2) Why did the authors only discuss the four medical conditions (including asthma, obesity, chronic kidney disease and COVID-19) rather than others?

#### **Author's Response:**

We thank there reviewer for pointing this issue out. Our main goal in this article was to present a "bird's-eye view" approach towards the accumulated

data in the field of gender medicine, to describe the gaps of translating the clinical portrayal evidence into gender-specific guidelines, policy and awareness, and to suggest a model to bridge these gaps. Thus, this is not a simple review article aimed at describing all medical conditions and domains, rather focusing on selected and relevant medical conditions that enable to demonstrate the general phenomenon and enable to lay the foundations for our proposed integrative model. Yet, the criteria and incentives of selecting these 4 medical conditions are now explicitly described in the last paragraph of the 'From evidence on gender differences of health conditions to treatment and health policy' section of the revised manuscript.

(3) The authors provide “The age-standardized global prevalence of CKD stages 1–5 in adults aged 20 and older has been estimated at 10.4% in men and 11.8% in women....” in Chronic kidney disease section page 17, but why didn’t provide the data in children and adolescents?

**Author’s Response:**

We thank the Reviewer for this valuable suggestion. Although data is limited, the relevant information was added and now provided in the last sentences of the first paragraph dealing with this medical condition - Chronic kidney disease.

(4) The authors should provide some sections in “A broad and integrative perspective of evidence-based, gender-oriented health policy”, the readers would catch the points easily.

**Author’s Response:**

We thank the Reviewer for this important suggestion. In the revised manuscript, the opening paragraph provides an outline to this last section and explicitly describes the novel themes that should be incorporated into the gender approach, thus allowing the reader to catch the key points easily. In addition, sub-headlines were added to make navigation easier.

**Scientific editor's suggestions and requests:**

(1) The key word “COVID-19” is missing in the title. Please add it.

**Author’s Response:**

The title of the manuscript was modified accordingly to include "COVID-19". The new title is: "Gender medicine: lessons from COVID-19 and other medical conditions for designing health policy". To follow this request, the current modified title is a bit longer than 12 words, in only one word, and we hope the editor will understand the need to provide informative title.

(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

**Author's Response:**

Original pictures were prepared following the instructions and are provided in diverse formats to ensure suitability.

**Additional modification made by the authors:**

(1) The abstract was shortened to 200 words, to meet the word limit guidelines.

(2) The revised manuscript has been comprehensively re-edited for English language, grammar, punctuation, spelling and overall style, by a certified linguistic editor. We thank the reviewer for pointing out the need for additional corrections, which were implemented accordingly.