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SPECIFIC COMMENTS TO AUTHORS

Dear authors, 1. Please see the following like it would be helpful for improving your manuscript

<https://www.cureus.com/articles/39062-bariatric-surgery-and-type-2-diabetes-mellitus-assessing-factors-leading-to-remission-a-systematic-review> 2. i suggest to differentiate your review from published one by changing the title and dealing with other variables except remissions such "Glucosal Disposal and Insulin Secretion " otherwise your study has not new message" 3.Please summarize the results of included studies in your review in a suitable table.

I read and checked your helpful comments. I revised my paper and added a table .



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SPECIFIC COMMENTS TO AUTHORS

Major changes **Title** - It should be more specific, since it is implied that all patients with type 2 diabetes mellitus can have remission of the disease, regardless of BMI.

Abstract - Modify the first sentence, since type 2 diabetes mellitus is a treatable chronic disease. - The idea of whether or not bariatric surgery is indicated for all patients, and if it is associated with BMI, should be reinforced.

Introduction - The references should be noted when finishing a sentence or idea, many are absent. This makes the search difficult.

The body - Again, the references should be noted when finishing a sentence or idea, many are absent. This makes the search difficult. - The sentence "Increased NEFAs delivery can lead to activate serine / threonine kinase cascade and subsequently, insulin receptor signaling are diminished" Lacks idea, the authors should point out the pathway or pathways that specifically decrease insulin receptor signaling. Specifically, it should mention the level (s) at which the insulin receptor signaling pathway is blocked.

- It is necessary to detail more about the physiological and metabolic benefits that are obtained after each surgical intervention; since they only describe the technique and a brief review of its benefits. - The work would be further enriched if the benefits of each of the surgical techniques, as well as the type of candidate for each of them, are deeply discussed. In this regard, a table that summarizes the information requested above will greatly enhance the work.

Minor changes A space must be placed at the end of each idea or sentence, after this the reference must be placed, since there are many errors of the following style, for example: development of marginal ulcer at the anastomosis area(31,32).



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I changed a title as “**Which Predictors may effect remission of Type 2 Diabetes Mellitus after the Metabolic surgery: An overview with current studies**”

The references were also noted when finishing a sentence or idea.

Insulin receptor signaling pathway was also mentioned in detailed.

SPECIFIC COMMENTS TO AUTHORS

This is a narrative review of the effects of metabolic surgery on type 2 diabetes remission.

1. The authors should state if there are age limitations for metabolic surgery in people with type 2 diabetes. 2. The manuscript can be improved by inclusion of a Table with the results of various types of meatbolic surgery on diabetes remission.

A table was added into manuscript

SPECIFIC COMMENTS TO AUTHORS

Title: I suggest to change the title to "Which factors predict remission of type 2 diabetes mellitus after metabolic surgery: A general perspective of current studies" There are many grammar errors that should be corrected (please see the attached file)

Title was changed as "**Which Predictors may effect remission of Type 2 Diabetes Mellitus after the Metabolic surgery: An overview with current studies**"

| | Study Design | Population Characteristics | Types of Surgery | Remission end Point | Predicting Factors of Remission |
|-------------------------------------|----------------------|---|------------------|---|--|
| Pories et al.(1995) | Retrospective | Morbidly obese, type 2 diabetes | RYGB | Normalization of FPG and HbA1c | Shorter type 2 diabetes duration and younger age |
| Scopinaro et al. (2005) | Retrospective | Obese patients with type 2 diabetes | BPD-DS | FPG< 110 mg/dL | |
| Mingrone et al.(2015) | RCT | Obese patients with type 2 diabetes | RYGB, BPD-DS | FPG<5.6 mmol/L without pharmacologic treatment HbA1c<6.5% | Surgical procedures |
| Courcoulas et al.(2015) | RCT | BMI of 30-40 kg/m ² of diabetic patients | RYGB, AGB | Partial remission FPG<125 mg/dL HbA1c<6.5% Complete remission FPG<100 mg/dL HbA1c<5.7% | |
| Cummings et al. (CROSSROADS) (2016) | Retrospective cohort | BMI 30-45 kg/m ² | VSG, AGB | HbA1c<6% off medication | Age, sex, baseline BMI, diabetes duration, insulin usage |
| Wentworth et al. (2014) | RCT | BMI 25-30 kg/m ² | AGB | FPG below diabetic range during 2 h OGTT, 2 days off | |

| | | | | medication | |
|--|-----------------------|---|-----------|---|--|
| Jans et al. Swedish Obesity Study (2019) | Retrospective | Type 2 diabetes and BMI>35 kg/m ² | RYGB, VSG | Free from diabetes medication, HbA1c<42 mmol/mol | Duration of diabetes, insulin usage |
| Schouer et al. (STAMPEDE) (2012) | RCT | BMI>35 kg/m ² Uncontrolled Type 2 Diabetes | VSG, RYGB | HbA1c< 6% | Shorter diabetes duration |
| Purnell et al. (2016) | Prospective cohort | BMI>30 kg/m ² | RYGB, AGB | HbA1c<6.5% FPG<6.9 mmol/L off medication | Baseline weight Preserved insulin secretory function |
| Chen et al. (2016) | Retrospective | Obese patients with type 2 diabetes | RYGB | Partial remission FPG 100-125 mg/dL HbA1c 6-6.4% Complete remission FPG<100 mg/dL HbA1c<6% | |
| Lee et al. (ABCD scoring) (2015) | Prospective | Type 2 diabetes and BMI>25 kg/m ² | VSG | HbA1c<7% | Age, duration times of diabetes, c-peptide |
| Aminian et al (DIAREM scoring) (2014) | Retrospective | Obese patients with type 2 diabetes | RYGB | Partial remission FPG<125 mg/dL HbA1c<6.5% Complete remission FPG<100 mg/dL HbA1c<6% | Age, baseline HbA1c Insuline usage |
| Aminien et al. (IMS scoring) 2017 | Retrospective | Obese patients with type 2 diabetes | RYGB, VSG | HbA1c<6.5% | Duration of type 2 diabetes, number of diabetes medication, insuline usage, glycemic control |

VSG: Vertical sleeve gastrectomy

RYGB: Roux-en-Y gastric bypass

AGB: Adjustable Gastric banding

BPD-DS: Biliopancreatic diversion with duodenal switch



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FPG: Fasting Plasma Glucose

OGTT: Oral Glucose Tolerance Test

BMI: Body Mass Index

Table1: Major studies showing remission rates of type 2 diabetes mellitus after metabolic surgery