

Dated 2/28/2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: clean revised WJD diabetes, obesity)

Title: Diabetes, Sleep Apnea, Obesity and Cardiovascular Disease: Why not address them together?

Author: Salim R Surani

Name of Journal: *World Journal of Diabetes*

ESPS Manuscript NO: 7612

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Reviewer 1:

The author states that the prevalence of OSA is 4-7%, but in another section of the manuscript states that it affects 2-4% of the population.

Response: We appreciate the reviewers comment. The manuscript has been modified to reflect consistency.

Please clarify. - How does screening of OSA help with the diagnosis and/or treatment of other chronic diseases? It is not clear from the manuscript how the

inter-relationship between OSA and other chronic diseases provides more useful information in patient care.

Response: We appreciate the reviewers comment. Changes has been made in the manuscript to address those issues.

- Please provide evidence by which treatment of OSA occurs concurrently with treatment of obesity or other diseases.

Response: We appreciate the reviewers comments. We have modified the manuscript and added several new reference to address those changes.

- OSA is a condition on its own. Please provide causes of OSA. How do these causes relate to and identify other chronic diseases? - How does treating OSA differ from treating obesity and metabolic diseases? How does it overlap? - What is the timeframe by which OSA develop in relation to obesity and metabolic diseases?

Response: We appreciate the reviewers comment. We felt that those issue are important but beyond the scope of this editorial. We have a manuscript coming in to address those issues in detail. We though appreciate the reviewers input.

- The increased prevalence of childhood obesity is a concern

Response: We have added those concerns in the manuscript.

- The acronym for OSA should be introduced where it is first used, and should be consistent throughout the manuscript. - Sentences should be revised for grammar errors.

Response: We have made the correction. Appreciate the reviewers vigilance in this regards.

Reviewer 2: This editorial manuscript addressess the core role of OSA in many metabolic and chronic diseases. And obesity was shown as the major predisposing factor and main catalyzor. However, many patients with OSA have no obesity. So author should discuss this subgroup.

Response: We appreciate that reviewers liked the discussion. Regarding the OSA with no obesity was intentionally left out as in this manuscript we were trying to show some correlation between OSA, DM, CAD, and metabolic syndrome. Though we added in the manuscript that OSA can happen in non-obese individual with craniofacial abnormality, tonsillitis and enlarged adenoid to name a few.

Reviewer 3: It is well written, but it is only open a discussion and gives not structured rules based on studies. Maybe some more rules would be helpful what patients should be adressed and how this screening can be performed like use of 2-channel polygraphy ? Secondly it gives no information about what patients need to be treated and what to do with asymptomatic patients. So some further material for discussion is needed.

Response: We appreciate the reviewer 3 nice comments. We added a paragraph in the manuscript where we put the authors opinion on which patients to be screened and which patient should go for home study/overnight in lab NPSG

Reviewer 4:The authors reviewed that obstructive sleep apnea (OSA) plays some roles of occurrence of several diseases such as diabetes mellitus, hypertension and coronary artery disease, and recommended the screening for OSA in the clinical setting. This review was well-written and very persuasive. I have no questions and requests.

Response: We appreciate the reviewer agreeing with the essence of our manuscript.

Reviewer 5: I agree to the author's opinion. I think this is good Editorial. In the manuscript, some non-abbreviated words appear after the abbreviation. For example, "Obstructive sleep apnea has been independently linked with hypertension....." appears after OSA. Check HTN, CAD, CHF similarly including the figure 1.

Response: We appreciate the reviewer comment. Figure legend has been modified to reflect those changes.

References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

Salim Surani, MD

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