

ESPS Peer-review Report

Name of Journal: World Journal of Diabetes

ESPS Manuscript NO: 6359

Title: Insulin and incretin therapy in combination. The promising glucose-lowering strategy for type 2 diabetes

Reviewer code: 00060494

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-16 10:12

Date reviewed: 2013-10-19 21:52

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

1. In this article, it focused on the incretin and insulin combine therapy for patients with DM. Is there any evidence that this combination is better than other formula such as sulfonylureas +/- metformin or DPP4 inhibitor? Besides, in it really a more commonly used glucose-lowering therapy (declare in your article page 3) formula in clinical setting? 2. We know that DM is now thought as CAD equivalent disease. Therefore, is there any evidence illustrated that the combination therapy had long term CV events reduction effect which showed in patients treated with metformin?

ESPS Peer-review Report

Name of Journal: World Journal of Diabetes

ESPS Manuscript NO: 6359

Title: Insulin and incretin therapy in combination. The promising glucose-lowering strategy for type 2 diabetes

Reviewer code: 00505961

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-16 10:12

Date reviewed: 2013-10-28 17:02

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Bo Ahrén provides a comprehensive overview of the literature regarding combination treatment with insulin and incretin therapy. The manuscript would benefit from addressing the following issues:

1. In the Rationale section reviews and meta-analyses are cited, and only few original publications are being discussed. Especially regarding hypoglycemic events, there is a need for citing some of the first original studies.
2. The paragraph about the rationale for combining insulin and incretin therapy is highly relevant and interesting. However, it would improve the manuscript if the Result section reflected the background. The main Result section does not read very well. It is just a list of study summaries, which makes it difficult for the reader to get an overview of the evidence. The Result section could be improved by focusing on the four topics from the rationale section (weight loss, hypoglycaemia, glycaemic control, disease modifying actions). References could also be added to Table 1, so it reflects current findings in addition to the theoretical background of the treatment modalities. Moreover, main findings in relation to the four main topics could be added to Table 2.
3. The conclusion could be clearer in terms of addressing the evidence related to the four topics mentioned in the background. Moreover, the author could suggest which types of studies are needed in the future.

Minor comments:

1. Title: "The promising glucose-lowering strategy for type 2 diabetes" could be changed to "A glucose-lowering strategy for type 2 diabetes", which is more objective.
2. Page 20: The statement "...it is advisable to reduce the basal insulin dose by 20% when starting incretin therapy..." should have a reference.
3. Page 20: "Further studies are required to examine the long-term beneficial effects of this initial combination". Consider deleting "beneficial", because adverse effects should also be examined in long-term studies.

ESPS Peer-review Report

Name of Journal: World Journal of Diabetes

ESPS Manuscript NO: 6359

Title: Insulin and incretin therapy in combination. The promising glucose-lowering strategy for type 2 diabetes

Reviewer code: 00573611

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-16 10:12

Date reviewed: 2013-10-31 16:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In this review, the author described and discussed the background and clinical studies on insulin and incretin therapy in combination. The author mentioned that the combination improves glycemia in the presence of limited risk for hypoglycemia and weight gain and also often associated with a reduced need for insulin. Comments: This is an interesting and good writing review article. The author has some minor concerns for this review article as follows. 1. The kinds of insulin analogues, which were used in clinical trials, should be added in Table 2. 2. There are several spelling errors in this manuscript as follows: a. page 2: therapy? (therapy) b. page 9: 1.8kg, 1.0kg, and 94kg? (Separate number and kg) c. page 11: therapy? (therapy) d. page 11: There was an titration..? (There was a titration..) e. page 14: 0.7kg, 1.1kg? (Separate number and kg) f. page 14: The insulin treatment that were used..? (The insulin treatment that was used..) g. page 14: Body weight increased by 0.6kg (baseline 88kg)? (Body weight was increased by 0.6 kg (baseline 88 kg)) h. page 15: Body weight increased by 0.4kg in the saxagliptin group and by 0.2kg in the placebo group? (Body weight was increased by 0.4 kg in the saxagliptin group and by 0.2 kg in the placebo group) i. page 15: 0.3kg, 0.04kg? (Separate number and kg) j. page 16: Cumulative episodes of hypoglycemia was 1.3? (Cumulative episodes of hypoglycemia were 1.3) k. page 18: 5kg, 136kg? (Separate number and kg) l. page 19: The clinical studies performed sofar and..? (The clinical studies performed so far and..) m. page 20: .. it is adviceable to reduce..? (it is advisable to reduce)

ESPS Peer-review Report

Name of Journal: World Journal of Diabetes

ESPS Manuscript NO: 6359

Title: Insulin and incretin therapy in combination. The promising glucose-lowering strategy for type 2 diabetes

Reviewer code: 00505968

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-16 10:12

Date reviewed: 2013-11-10 07:22

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1. Abstract: It reflects the content of the article though key words are required Some revision is required to the language as some phrases are really long (several studies have also verified.....) while others are really short (the combination is also often ...)

2. The article:

- a. Abbreviations mentioned for the first time need to be written in full (ADA, EAD)
- b. Again some very short phrases (GLP-1 act by activating .. p3)
- c. A more detailed scientific analysis of GLP1 and DPP-4 inhibitors distribution of receptors and of their pharmaco-dynamics and kinetics would add value to the content of the article. A more thorough discussion of precautions and adverse effects of treatment by both groups is also necessary.
- d. p8: protection against? hypoglycemia protection against? weight gain
- e. In all the mentioned studies, it is important to clarify whether the reduction in HbA1c was significant statistically .. (P value) and also the SD.
- f. Some spelling mistakes are present and require revisions (p 9 last line lispro hgroup, p 10 two lines before last : it was fond..., p11 in the middle: with on going therapy, etc .)
- g. A table comparison between a lot of the data mentioned about the various DPP-4 inhibitors and another one maybe for GLP1 preparations would clarify the differences and improve the readability of the material.
- h. References are well presented and up to date.