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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Diabetes

**ESPS manuscript NO:** 12402

**Title:** Diabetes mellitus and hypothyroidism - strange bedfellows or mutual companions?

**Reviewer code:** 00012309

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-07-07 17:06

**Date reviewed:** 2014-07-11 15:04

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Well written and essential. Given the currently overwhelming interest that is being conveyed on the protean influences of the gut microbiome, including its ascertained roles in the pathogenesis of type-2 diabetes mellitus, would the authors briefly expand on the possible existence of gut microbiome changes that might be detected in both diabetes and thyroid disease



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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Diabetes

**ESPS manuscript NO:** 12402

**Title:** Diabetes mellitus and hypothyroidism - strange bedfellows or mutual companions?

**Reviewer code:** 00043561

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-07-07 17:06

**Date reviewed:** 2014-07-20 20:37

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

I reviewed the MS titled ‘Diabetes Mellitus and hypothyroidism – strange bedfellows or mutual companions?’ by Joffe and Distiller. This review article summarizes some new and relevant knowledge regarding diabetes mellitus and hypothyroidism in an organized manner. Authors’ own data reported herein also adds to the value of submission. In my view, regular updates on this topic are welcome. My comments are; 1. In such a review what the condition of diabetes mellitus in subjects with hypothyroidism (reverse look) could also be summarized. Because the article is already a short one, this approach would increase the interest of our readers. 2. Primary hypothyroidism, on the other hand, frequently results from autoimmune destruction of thyroid tissue by circulating autoantibodies (autoimmune thyroiditis) (3): irrelevant citation. 3. There is T-cell infiltration of the thyroid gland and the production of autoreactive antibodies, namely antibodies to thyroid peroxidase (TPOAb) and thyroglobulin. : please use a reference for our younger readers. 4. Reference 19 is duplicate. 5. Could the authors comment on age based cutoff TSH values to start treatment with T2DM? Could they also comment of target range? This is a popular issue that might be expected by the readers.

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Diabetes

**ESPS manuscript NO:** 12402

**Title:** Diabetes mellitus and hypothyroidism - strange bedfellows or mutual companions?

**Reviewer code:** 00289642

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-07-07 17:06

**Date reviewed:** 2014-07-22 22:16

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

In this manuscript, Joffe et al. gave an overview of the evidence for an association of both T1DM and T2DM with hypothyroidism, based primarily on their findings from clinical practice in Johannesburg, South Africa. This is an important topic both for clinical practice and for basic understanding of the disease etiology. While authors did a fine job to present a convincing argument for the association of these two endocrine disorders, there are some concerns: 1) Page 2. "commonest" to "the most common" 2) Page 3. 2nd paragraph. While autoantibodies to TPO or TG affect thyroid function, they are not necessary the factors for destructing the thyroid tissues. 3) P3, 3rd paragraph. Please clarify the meaning of the last sentence. 4) P3, 4th last paragraph. "HLA-class-11" to "HLA class II" 5) P3, 4th last para. "these antibodies are commonly only found.." What is the meaning of "only" here, please clarify. 6) P4, 2nd para. Please give further explanation why defects of thyroid hormones induce hypoglycemia and bad glucose control. This is an important point to clarify, especially on the physiological functions of thyroid hormones in metabolism. 7) P4, 3rd para. Is racial difference a factor in the difference observed? 8) P4, 3rd para. "thyroperoxidase autoAg" already defined previously. 9) P4, 3rd para. Do you mean their association with T1D? 10) What are the difference between T1D+AIT and autoimmune polyendocrine syndrome 3 or other APS (not APS1)? Are these the same disease under different names? A discussion will give the readers an overall picture of these co-incidental autoimmune disorders. For example, is it any cause effect relationship between these



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autoimmune disorders? Or it is simply genetic predisposition? Are there any overlapping environmental factors? Etc.. 11) P4, last para. Is the hypothyroidism presented in T2DM patients autoimmune type? What are the causes of hypothyroidism in T2DM? Hyperglycemia? Hyperdislipidemia? Obesity? Or other factors? Can hypothyroid function lead to T2DM? 12) What is the incidence of autoimmune hypothyroidism in T2DM? 13) Some references in this manuscript are not up to date. 14) Are there any clinical trials showing the beneficial effects of treatment of hypothyroidism in T2DM patients? 15) For kids, the distinction between T1DM and T2DM becomes blurring sometimes. Can the authors discuss the important of normal thyroid function in these population?