

From

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To

The Editor,

World Journal of Diabetes

### **Peer reviews and response to reviews**

#### **Reviewer 1**

The editorial regarding incretin therapy for type diabetes is well-organized and written

**Answer:** Thanks for the comment and we appreciate the effort taken by the reviewer to critically read paper.

#### **Reviewer 2**

The incretin concept is very interesting and important for type 2 diabetes management. There has been a lot of interest in developing in developing incretin-based therapies for the management of type 2 diabetes. For this reason, this subject on the theory of incretins and their handling in type 2 diabetes is of great interest. The manuscript is very well organized and the data are well and clearly presented. Moreover, the present topic appears timely. My opinion is that, this paper is very good regarding the drug options for the patients with type 2 diabetes. The manuscript is state-of-the-art and the presented results are of potential interest for a wide readership, therefore, I recommend publication in 'World Journal of Diabetes'.

**Answer:** We are thankful to the reviewer and his great effort to critically review the manuscript.

#### **Reviewer 3**

In this manuscript the authors review medicines targeting incretin as a means to manage type 2 diabetes. The rationale for targeting incretin is well presented in the description of pathophysiological pathways illustrated by an informative figure. Two major classes of drugs are introduced, namely analogues of glucagon-like peptide-1, and inhibitors of dipeptidyl peptidase-4. For individual drugs pharmacokinetic parameters are given, and an overview of efficacy and adverse side effects. Since there were concerns about safety of the drugs, the authors give special attention to adverse effects data, which are summarized in tabular format. They conclude that presently available incretin-based medicines are quite promising in the management of type 2 diabetes, and that possible adverse effects such as pancreatitis and cancer need to be further addressed. This is a well written short review (or well-sized editorial). The manuscript brings concise information, and the presentation is clear. There are only a few suggestions: ? Section on GLP-1 analogues: data on HbA1c reduction, body weight etc, for individual drugs can be compiled in a table, this table can be separate from the present table 1. ? Section on DPP-4 inhibitors: can you give more details on data about clinical efficacy, similar to such data provided for GLP-1 analogues? Also here, a table would be helpful, which can be separate from the present table 2.

**Answer:** We appreciate the enthusiasm of the reviewer to improve the quality of the manuscript through minor additions in the data presented in tabular form. Because this is an editorial, multiple tables would look awkward, and we think it is better to include the HbA1c reduction and weight reduction related to GLP-1 analogues in table 1 itself. Similarly, we have added the HbA1c reduction associated with DPP-4 inhibitors in table 2. We didn't include the potential effects of DPP-4 inhibitors on body weight as they are generally considered weight neutral. The changes made in the tables are highlighted with red font.

### **Editorial comments and responses**

**Conflicts of interest (COI) statement:** pdf files of signed COI is uploaded for each author

**Audio-clip of the final core tip:** an audio clip of the final core tip is uploaded.

**Table:** table 1 is renamed

