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**RE: Responses to reviewer comments for manuscript #19192 entitled “The Buddy Study: Partners for Better Health in Adolescents with Type 2 Diabetes.”**

Dear Editors,

Thank you for the opportunity to revise and re-submit our manuscript. Please find the changes to the manuscript summarized below. We have addressed all of the suggested and have highlighted the corresponding edits in yellow throughout the revised manuscript.

Editor’s Comments

1. Please offer the audio core tip

**Thank you; we have attached our audio core tip to the submission.**

2. Please revise the manuscript according the format of Randomized Clinical Trial.

**We have revised the manuscript instructions for randomized clinical trials and have made the following changes:**

- a. **Addition of IRB statement**
- b. **Addition of clinical trial registration statement**
- c. **Addition of informed consent statement**
- d. **Addition of conflict-of-interest statement**
- e. **Addition of data sharing statement**
- f. **Addition of biostatistics statement**
- g. **Changed commas between keywords to semi-colons**
- h. **Addition of separate abbreviation list**
- i. **Addition of Comments sub-section, including Background, Research frontiers, Innovations and Breakthroughs, Applications, and Terminology**
- j. **Changed citation to superscripted brackets throughout the text**
- k. **Addition of all authors to the reference list**
- l. **Addition of PMID and DOI to reference list**

Reviewer’s Comments

1. Bottom-line message is that adolescent DM is overall different from adult DM. Maybe possible pathogenic differences can be discussed more in detail.

**Thank you. We have highlighted the pathophysiologic differences in type 2 diabetes progression among children/adolescents vs. adults.**

**The following text has been added, “because the progression of diabetes in obese adolescents occurs more rapidly than in adults and in youth with type 1 diabetes, early intervention is critical in this patient population.”**

2. The authors should discuss this emerging field of molecular pathological epidemiology, with adequate references.

**Thank you. We have added a discussion of molecular pathological epidemiology.**

**The following text has been added, in accordance with the emerging field of molecular pathological epidemiology (MPE), complex diseases including type 2 diabetes may comprise various subtypes involving heterogeneous subpopulations. Because the etiology underlying type 2 diabetes is multifactorial, different disease subtypes may be associated with different biological, social, and environmental determinants and diverse natural histories. Thus, diabetes may progress at different rates and respond differently to interventions and treatments in certain individuals, as we observed in our study of adolescents with type 2 diabetes.**

Thank you again and kind regards,

Kristina I. Rother, MD, MHSc.  
Chief, Section on Pediatric Diabetes and Metabolism  
NIDDK, NIH