

### **CHECKLIST OF RESPONSIBILITIES FOR SCIENTIFIC EDITORS**

Manuscript page number: 39

Manuscript word count: 9432

		Comments
Item No.	Specific items for verification	Yes=[Y]
		No= [N]
	General Information of the Manuscript	
	Name of journal: World Journal of Diabetes	
	Manuscript NO.: 64251	
	Column: Minireviews	
	Title: A tale of two kinases: PKA and CaMKII in pre-diabetic	
1	cardiomyopathy	
1	Authors: Pamela Gaitán-González, Rommel Sánchez-Hernández,	[Y]
	José-Antonio Arias-Montaño and Angélica Rueda	
	<b>Reviewer code:</b> 03701805, 02541960, and 03649645	
	<b>First decision:</b> 2021-06-23 14:24	
	Scientific Editor: Chen-Chen Gao	
	Date of signature: <u>8/30/2021</u> (month/day/year)	
	Editorial Office's Comments	
	Science Editor: Name of Journal: World Journal of Diabetes ID:	
	64251 Date Submitted: 2021-02-25 03:02 Manuscript Title: A tale of	
2	two kinases: PKA and CaMKII in prediabetic cardiomyopathy	[Y]
	Country/Territory: Mexico Manuscript Source: Invited Manuscript	
	Invited Manuscript ID: 03920636 Manuscript Type: Review	
	Academic Editor Reports: 1. Scientific quality: The manuscript	



# Baishideng **Publishing**

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA Telephone: +1-925-399-1568 E-mail: bpgoffice@wjgnet.com https://www.wjgnet.com

reviewed all elements which may help to understand current evidence about the participation of PKA and CaMKII in experimental prediabetic cardiomyopathy, emphasizing the prevailing role of CaMKII in the development of cardiomyocyte Ca2+ mishandling and myocardial dysfunction associated with pre-diabetes. The topic is within the scope of the WJD. 2. (1) Classification: Grade C, Grade B and Grade C; (2) Summary of the Peer-Review Report: - There are some deficiencies in this view, there are several kinds of ADR in cardiomyocytes, however, it is not known how prediabetic cardiomyopathy alters *β*1-AR expression and signaling, it is recommended to find relevant literature to confirm this point of view. Furthermore, the references are well cited in the recent 3-5 years. - This article is well written and of clinical interest. Major comments 1 I would like to know the difference between prediabetic and overt diabetic cardiomyopathies, although I understand the primary focus of the review for prediabetic cardiomyopathy. 2 In the mechanism shown Figure 1, the contribution of insulin resistance or in hyperinsulinemia is unclear. Please add it into or explain in the text. 3 Is it possible to provide human study for the alterations in PKA or studies corresponding for such animal study? 4 The difference between presence  $\square$  and increase in the Table 1. For instance, presence of insulin resistance usually means the increase of insulin resistance. Minor comments It may be better to change the symbol of  $\times$  (no change) to  $\rightarrow$  and  $\checkmark$  (presence) to +. - I have some



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suggestions: 1. Introduction: to emphasize the importance for recognizing the pathophysiological consequences of prediabetes, it is important to note that prediabetes, although still with controversy, observational studies and large sample meta-analyses had shown that prediabetes is associated with increased risk of cardiovascular disease and all-cause mortality in general population, as well as in those in baseline CVD (PMID: 27881363; PMID: 32669282) 2. Is prediabetic cardiomyopathy really exist or with clinical importance? I think it is true. Recently study also reported that prediabetes is associated with increased risk of heart failure. Such data further support the important term "prediabetic cardiomyopathy" proposed in this review. I suggest to cite these clinical findings (PMID: 33769672). 3. It should be note that the clinical definition of prediabetes including those with impaired fast blood glucose (IFG) and impaired glucose tolerance (IGT, 2 hour plasma glucose concentration 7.8-11.0 mmol/L during an oral glucose tolerance test). These two are reflecting different pathophysiological mechanisms in blood glucose regulation. However, not optimal animal models are suitable for distinguishing IFG or IGT models. 4. Keep consistent for the spelling of "pre-diabetic" with "prediabetic"; (3) Format: There are 3 tables and 1 figure; (4) References: A total of 81 references are cited, including 9 references published in the last 3 years ; (5) Self-cited references: no self-citation has been reported; (6) References recommandations : The format well cited. 3. Language evaluation: Classification:



	Grade B, Grade A and Grade B. 4. Academic norms and rules: 5.	
	Supplementary comments: This is an invited manuscript. The	
	financial support was clearly stated for the study. The topic has not	
	previously been published in the WJD. 6. Issues raised: (1) The	
	language classification is Grade B and A. Please visit the following	
	website for the professional English language editing companies	
	that we recommend: https://www.wjgnet.com/bpg/gerinfo/240;	
	(2) The "Author Contributions" section is provided; (3) The authors	
	provided a clear statment for funding information in the	
	manuscript file ; (4) PMID and DOI numbers were provided in the	
	reference list; (5)The "Article Highlights" section is missing. Please	
	add the "Article Highlights" section at the end of the main text (and	
	directly before the References); (7) Disclosure statement for conflict	
	of interest was clearly stated in the manuscript; 7. Re-Review:	
	Required for minor issues raised. 8. Recommendation: Conditional	
	acceptance	
	Company Editor-in-Chief: I have reviewed the Peer-Review	
	Report, full text of the manuscript, and the relevant ethics	
	documents, all of which have met the basic publishing requirements	
	of the World Journal of Diabetes, and the manuscript is	
	conditionally accepted. I have sent the manuscript to the author(s)	
	for its revision according to the Peer-Review Report, Editorial	
	Office's comments and the Criteria for Manuscript Revision by	
	Authors.	
3	The fixed headings are copied.	[Y]
4	The title concisely summarizes the main topic of the study and is	[Y]



	not too long (no more than 18 words). Words such as 'exploration',	
	'research', 'analysis', 'observation', and 'investigation' are avoided.	
	The title does not start with 'The' and does not include any Arabic	
	numbers or uncommon abbreviations.	
5	A short running title is provided (no more than 6 words).	[Y]
	The authors' full family (sur)names and full/abbreviated first	
6	names are listed on the title page and are consistent with those	[Y]
	listed in the signed BPG Copyright License Agreement form.	
	The 'Author contributions' passage describes the specific	
	contribution(s) made by each author. The author's names are listed	
	in the following format: full family (sur)name followed by	
	abbreviated first and middles names.	
	e.g., "Wang CL and Liang L contributed equally to this work; Wang	
7	CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the	[Y]
	research study; Wang CL, Zou CC, Hong F and Wu XM performed	
	the research; Xue JZ and Lu JR contributed new reagents and	
	analytic tools; Wang CL, Liang L and Fu JF analyzed the data; and	
	Wang CL, Liang L and Fu JF wrote the manuscript. All authors	
	have read and approve the final manuscript."	
	The 'Supported by' statement describes the source(s) of financial	
8	support and includes the corresponding identification number(s)	[Y]
	and program ID(s) if available, and contains no spelling errors.	
	The 'Corresponding author' passage provides the corresponding	
	author's full first and family (sur)names, abbreviated title (e.g., MD,	
9	PhD), affiliated institute's name and complete postal address	[Y]
	(including zip code) and e-mail (written in all lowercase), and	
	contains no spelling errors.	
	The Manuscript Tracking information ( <i>i.e.</i> , Received, Peer review	
10	started, First decision, Revised, Accepted, Article in press, and	[Y]
10	Published online) are provided along with the corresponding editor	[+]
	i abisica onnic) are provided along with the corresponding editor	



	and date for each item, and contain no spelling errors.	
	The Abstract section is formatted according to the article-specific	
	style (structured vs unstructured) and word count thresholds, as	
	follows:	
	Commentary, Frontier, Diagnostic Advances, Medical Ethics,	
	Minireview, Review, Therapeutics Advances, and Topic Highlight:	
	Non-structured abstract that is no less than 200 words.	
11	Field of Vision, Case Report and Letter to the Editor:	[Y]
	Non-structured abstract that is no less than 150 words.	
	Research articles: Structured abstract with subsections for AIM (no	
	more than 20 words); METHODS (no less than 80 words); RESULTS	
	(no less than 120 words); and CONCLUSION (no more than 26	
	words).	
	The 'Key words' list provides 5-10 keywords that reflect the main	
12	content of the study. The first letter of each keyword is capitalized,	[Y]
	and each keyword is separated by a semicolon.	
	The "citation" contains authors' names and manuscript title. The	
	name of the first author should be typed in bold letters; the family	
	(sur) name of all authors should be typed with the first letter	
	capitalized, followed by their abbreviated first and middle initials.	
13	For example, an article by Jae Moon Yoon, Ki Young Son, Chun Sick	[Y]
	Eom, Daniel Durrance, Sang Min Park will be written as Yoon JM,	
	Son KY, Eom CS, Durrance D, Park SM. Pre-existing diabetes	
	mellitus increases the risk of gastric cancer: A meta-analysis. World J	
	<i>Gastroenterol</i> 2019; In press	
	The 'Core tip' provides a summary (less than 100 words) of the	
14	study that outlines the most innovative and important arguments	[Y]
	and core contents of the paper and will serve to effectively attract	



	une deux	
	readers.	
	The 'INTRODUCTION' section clearly describes the relevant	
	background information for the study. Only the most relevant and	
	current (within the past 5 years) literature is cited, with the	
	exception of rare instances of seminal literature citations. All	
	technical terms and/or abbreviations are explained and/or defined,	
15	with the full name of abbreviations given upon first appearance in	[Y]
	the text and the abbreviation presented in parentheses [ <i>i.e.</i> ,	
	"computed tomography (CT)"]. First-person pronouns (e.g., 'I',	
	'we') are used appropriately to clearly indicate the work performed	
	by the author(s). When weaknesses of previous studies are	
	described in the text to highlight the innovations related to the	
	current study, the information is presented carefully.	
	The 'MATERIALS AND METHODS' section clearly and accurately	
16	describes all materials and methods used to obtain the data	[N]
10	presented in the article and is adequate for a reader to repeat the	
	study.	
	The 'RESULTS' section concisely describes the observational and	
	experimental results. Representative data and data that have	
	scientific significance are emphasized. Data is presented in either	
17	the text, a table or figure ( <i>i.e.</i> , chart, diagram, graph or image), but is	[N]
	not repeated among each. Information presented in the tables and	
	figures clearly describes the trends, meaning, and inferences.	
	Results described in textual form are accurate, concise and clear.	
	Statistical symbols are accurate. Statistical significance is expressed	
	as ${}^{a}P < 0.05$ , ${}^{b}P < 0.01$ ( $P > 0.05$ usually does not need to be denoted).	
18	If there are other series of <i>P</i> values, ${}^{c}P < 0.05$ and ${}^{d}P < 0.01$ are used,	[N]
	and a third series of <i>P</i> values is expressed as $^{e}P < 0.05$ and $^{f}P < 0.01$ .	
	Statistical data is expressed as mean $\pm$ SD or mean $\pm$ SE.	



19	The 'DISCUSSION' section (1) describes the main purpose and hypothesis of the study; (2) summarizes the most important results;	
	(3) illustrates and explains the results (but does not simply repeat	[N]
	the data) and draws conclusions or inferences based on the results;	
	(4) points out the limitations of the study and their impact on the	
	results, as well as proposes further advice on future research	
	topic(s) or direction(s); and (5) describes the theoretical significance	
	and practical value of the findings.	
	The 'ACKNOWLEDGEMENTS' section expresses gratitude to any	
	individuals or organizations for technical support (i.e., providing	
20	instrumentation, equipment or experimental materials, and/or	
20	assistance in experimental work), non-technical services (i.e., useful	[Y]
	inspiration, suggestions, guidance, or review), and/or any other	
	auxiliary work.	
21	The 'ARTICLE HIGHLIGHTS' section provides comments for	[N]
21	original articles in accordance with the specified format.	
	The 'REFERENCES' section lists the references in the Vancouver	
	style. This style uses Arabic numeral in-text citations based on the	
	order of the first appearance of a source in the text. For citations	
	where the author's name is indicated in the text, a superscript	[Y]
	number should be placed following the name ( <i>i.e.,</i> "Pang <i>et al</i> "). For	
	citations where no author is indicated, a superscript number should	
22	be placed at the end of the sentence. Respective examples are: "Ma <sup>[1]</sup>	
	reported", "Pan et al <sup>[2-5]</sup> indicated"; "PCR has a high	
	sensitivity <sup>[6,9]</sup> ." No superscript numbers are used when the	
	reference number is described in the text; for example, "The	
	experimental method used has been described in reference [8]." The	
	style of reference citations in tables is the same as that in the text	
	( <i>e.g.</i> , Pan <i>et al</i> <sup>[2-5]</sup> , please see reference [8]).	



23	Journal references have been verified to ensure that there are no	
	duplicate references and that the PMID numbers are correct. For	
	references not yet included in PubMed: the name of Chinese	
	journals is spelled out using Chinese Pinyin, with the first letter of	[ ] ]
	each word capitalized (e.g., Shijie Huaren Xiaohua Zazhi); the name of	[Y]
	journals in other languages are listed according to indexing	
	information retrieved from Google. Book references are presented	
	with all the information relevant to the electronic version.	
	The number of cited references is appropriate for the article type, as	
	follows:	
24	<u>Commentary:</u> no less than 50;	[]]]]]
24	<u>Review:</u> no less than 100;	[Y]
	<u>Article:</u> no less than 30/26;	
	Case Report and Letter to the Editor: no less than 1.	
	The ethics-related statements are provided in accordance with the	
25	manuscript type (e.g., Manuscript NoInstitutional review board	[Y]
	statement, Manuscript NoAnimal care and use statement, etc.).	
	The names of the peer reviewers and the scientific editor are present	
26	at the end of the paper (e.g., P-Reviewer: Hugot D S-Editor: Wang	[Y]
	JL).	
	The order and numerical labeling of tables and figures is consistent	
	with their appearance and presentation in the text. Symbols in	
	tables (e.g., +, -, $\times$ , $\div$ , *) correctly correspond to the definitions in the	
07	footnotes. Only one legend is provided for each multi-panel figure	[1]
27	consisting of color graphs, black and white graphs, or line graphs	[Y]
	that depicts data of the same theme. For example: Figure 1	
	Pathological changes in atrophic gastritis tissue before and after	
	treatment. A:; B:; C:; D:; E:; F:	
28	Split pictures include flow charts, line graphs, histograms, and	[Y]
20	graphs including text. Unsplit pictures include meta-analysis	



	dia granne DCD annullification surgers and an in 1	
	diagrams, PCR amplification curves, and survival curves.	
29	The author(s) highlighted the changes made to the manuscript	[Y]
	according to the peer-reviewers' comments.	
30	The responses to the peer-reviewers' comments are consistent with	[Y]
	the changes made to the manuscript.	[ + ]
	The revised manuscript is provided (file name: Manuscript	
	NoReview; e.g., 870- Review).	
01	The letter of peer-reviewers' comments is provided (file name:	[ ] ]
31	Manuscript NoPeer-review(s); <i>e.g.</i> , 870-Peer-review(s)).	[Y]
	The response letter is provided (file name: Manuscript	
	NoAnswering reviewers; <i>e.g.</i> , 870-Answering reviewers).	
	The related ethics and relevant documents are provided, such as (1)	
	Approved grant application form(s) or funding agency copy of any	
	approval document(s) (file name: Manuscript NoGrant application	
	form(s)); (2) Biostatistics review certificate (file name: Manuscript	
	NoBiostatistics statement); (3) Conflict-of-interest statement (file	
	name: Manuscript NoConflict-of-interest statement); (4) Clinical	
	trial registration statement (file name: Manuscript NoClinical trial	
32	registration statement); (5) Institutional review board approval form	[Y]
	or document (file name: Manuscript NoInstitutional review board	
	statement); (6) Institutional animal care and use committee	
	approval form or document (file name: Manuscript	
	NoInstitutional animal care and use committee statement), and (7)	
	Signed informed consent form(s) or document(s) (file name:	
	Manuscript NoInformed consent statement).	
33	All authors signed the BPG Copyright license agreement form (file	
	name: Manuscript NoCopyright license agreement; <i>e.g.</i> ,	[Y]
	870-Copyright license agreement).	L * J
34	The language certificate provided by authors who are non-native	[Y]
	speakers of English meets the BPG requirements (file name:	



	Manuscript NoLanguage certificate; <i>e.g.</i> , 870-Language certificate).	
35	The photos licensed in the Agreement for Use of Personal Photos are consistent with those in the paper (file name: Manuscript NoAgreement for use of personal photos; <i>e.g.</i> , 870-Agreement for use of personal photos).	[N]
36	This document (Checklist of Responsibilities for Scientific Editors) has been saved under the file name: manuscript NoScientific editor work list ( <i>e.g.</i> , 870-Scientific editor work list).	[Y]
37	A <i>CrossCheck</i> investigation (an effective tool for detecting unoriginal content, enabling our editors to preserve the journal's integrity and the authors' copyright) has been performed for the manuscript <i>via</i> the website: http://www.ithenticate.com/. The results document contains the following information for the manuscript: "Name of journal", "Manuscript No.", "Columns", "Title" and "Author list". The Figure of the <i>CrossCheck</i> results is saved in JPEG format (.jpg) at 1440 × 680 pixel resolution. The PDF of the <i>CrossCheck</i> results has been saved under the file name: manuscript No CrossCheck report ( <i>e.g.</i> , 870-CrossCheck report). The Google searches have also been performed to further ensure publication of original content.	[Y]
38	The text of the manuscript is typed in Book Antiqua font, 12 pt, with 1.5 line spacing.	[Y]
Responsibilities of scientific editors	The primary responsibilities of our scientific editors include carefully checking the entire manuscript and all accompanying materials for: (1) errors in spelling, grammar, punctuation and wording; (2) suitability of tables, figures, figure data and legends; (3) accurate and appropriate presentation of symbols ( <i>e.g.</i> +, -, ×, $\div$ , %, *) in tables and figures; and (4) complete and comprehensive revision of the manuscript according to the reviewers' comments.	



	Manuscript reception and registration $\rightarrow$ Initial review by scientific editor $\rightarrow$ Peer	
	$review \rightarrow End  of  peer  review \rightarrow First  round  of  meeting  evaluation \rightarrow To  be$	
	accepted $\rightarrow$ Revision by the author(s) $\rightarrow$ Second round of meeting evaluation $\rightarrow$ To be	
	$accepted/revised/rejected \rightarrow Final review by the Editor-in-Chief (final quality)$	
Publication	control for academic content and language quality)→Final acceptance and charging	
process	of publication fee-Language editing-Production-Proofreading by scientific	
	$editor {\rightarrow} Proof reading \ by \ deputy \ editor {\rightarrow} Final \ review \ by \ Editor {-} in {-} Chief {\rightarrow} Release$	
	of online open-access papers in electronic form on the BPG website $\rightarrow$ Release of	
	online papers on PubMed Central→Delivery of high-quality PDF reprints to the	
	author(s) $\rightarrow$ End of the publication process.	