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# PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

Manuscript NO: 69706

**Title:** Fetal programming of obesity and type 2 diabetes

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02536349 Position: Editorial Board Academic degree: MD

**Professional title:** Doctor, Professor

**Reviewer's Country/Territory:** Turkey

Author's Country/Territory: Sri Lanka

Manuscript submission date: 2021-07-09

**Reviewer chosen by:** AI Technique

Reviewer accepted review: 2021-07-09 08:52

Reviewer performed review: 2021-07-10 16:53

**Review time:** 1 Day and 8 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ]Yes [Y]No
Peer-reviewer	Peer-Review: [ Y] Anonymous [ ] Onymous



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Conflicts-of-Interest: [ ] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

Thank you for the effort to increase the awareness to prenatal even preconceptional factors to fight against this epidemia. There are few typographic7grammar errors I recommend you to correct before publication. 1- Please prefer "fetal, fetus" or "foetal, foetus".. In manuscript both used in various sentences. 2- If fetal is preferred also "optimise" can be changed to "optimize". 3- Apetite to appetite and melitus to mellitus in Figure 1a 4- Altertation to Alteration... glucotiocoid to glucocorticoid in Fig 1b. 5-type 2 diabetes >> type 2 diabetes mellitus in abstract. 6- Developing nations? should it be developing countries. ? 7- type 2 diabetes > may be type 2 diabetes mellitus (T2DM) (Line 48) 8- Sadly, someone dies from diabetes-related complications every 7 seconds at present (9) should begin. "Unfortunately" instead of "sadly".. (Line 57) 9-GDM: indicate this abbreviation in first usage of gestational diabetes mellitus (Line 37) Sincerely



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Manuscript NO: 69706

**Title:** Fetal programming of obesity and type 2 diabetes

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04152279 Position: Peer Reviewer Academic degree: MD

**Professional title:** Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Sri Lanka

Manuscript submission date: 2021-07-09

**Reviewer chosen by:** AI Technique

Reviewer accepted review: 2021-07-09 12:30

Reviewer performed review: 2021-07-14 00:22

**Review time:** 4 Days and 11 Hours

Scientific quality	[ ] Grade A: Excellent [ Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y]Yes [ ]No
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#### SPECIFIC COMMENTS TO AUTHORS

This review focuses on a review about the influence of three factors during pregnancy, prenatal and early life stages on the long-term life of infants and children and their relationship with the development of diabetes. The article begins with the idea of fetal programming based on the rapid rise in the incidence of type 2 diabetes in the younger generations (13-15years). Then, the article illustrates through a series of studies that in utero exposure to maternal obesity may contribute to fetal susceptibility to obesity in later life. The susceptibility factors and potential mechanisms for the development of fetal obesity/diabetes are presented from three perspectives: maternal overnutrition, malnutrition, and diabetes, respectively. This is followed by a description of preventive measures for pregnant women in various situations. Although a part of the methods does not seem to be related to fetal programming/intrauterine environment, and part of it is still under further study. Interventions and methods for maternal avoidance of fetal obesity and diabetes mellitus are described in great detail throughout the text.



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**Title:** Fetal programming of obesity and type 2 diabetes

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05532383 Position: Peer Reviewer

Academic degree: MBBS, MPhil

Professional title: Academic Research, Associate Professor

Reviewer's Country/Territory: Bangladesh

Author's Country/Territory: Sri Lanka

Manuscript submission date: 2021-07-09

**Reviewer chosen by:** AI Technique

Reviewer accepted review: 2021-07-14 11:08

Reviewer performed review: 2021-07-24 18:33

**Review time:** 10 Days and 7 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ]Yes [Y]No
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Conflicts-of-Interest: [ ] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

Dear Authors, I would like to thank you for this review on fetal programing of obesity and type 2 diabetes that is time demanding as the prevalence of obesity and type 2 diabetes are increasing globally. In this review, the authors tried to review all the factors that may contribute as a risk factor for the development of this non communicable diseases. I have found that, the article is too big, there may have some break during reading this. So, i would request to reduce the volume if possible. For other correction, please see the attached file and correct accordingly.