

## PEER-REVIEW REPORT

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

**Manuscript NO:** 82046

**Title:** Diabetes and fatty liver: Involvement of incretin and its benefit for fatty liver management

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04213605

**Position:** Peer Reviewer

**Academic degree:** BSc

**Professional title:** Teaching Assistant

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

**Author's Country/Territory:** Indonesia

**Manuscript submission date:** 2022-12-03

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-12-03 16:41

**Reviewer performed review:** 2022-12-04 02:02

**Review time:** 9 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous
	Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No

#### **SPECIFIC COMMENTS TO AUTHORS**

The manuscript is overall well written. I recommend acceptance after minor language revision.

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**Peer-review model:** Single blind

**Reviewer's code:** 03831562

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author's Country/Territory:** Indonesia

**Manuscript submission date:** 2022-12-03

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**Reviewer performed review:** 2022-12-04 03:53

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input type="checkbox"/> ] Anonymous [ <input checked="" type="checkbox"/> ] Onymous
	Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No

## SPECIFIC COMMENTS TO AUTHORS

For the Authors:- The following paragraphs may be added as separate sub headings and latest information to be please provided.

1. Incretin and HbA1c as a measure of good, fair and poor glycemic control
2. Comparison of incretin status in response to oral and parenteral glucose infusion
3. Incretin and Insulin sensitivity with special reference to the various indices such as HOMA Beta, QUICKI etc.
4. Incretin and Insulin resistance
5. Incretin and liver enzymes
6. Dual Incretin receptor agonists that target GLP 1 and GIP
7. Incretin based therapy especially under conditions such as Metformin failure

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**Reviewer's code:** 03909746

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author's Country/Territory:** Indonesia

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**Review time:** 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous
	Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No

## SPECIFIC COMMENTS TO AUTHORS

I Dewa Nyoman Wibawa and collaborators present an comprehensive review on discussion the relationship between the incretin hormones and fatty liver disease related to metabolic factors, focusing on the mechanism and clinical effect of incretin hormones in improving fatty liver disease. The article needs to be revised as follows : 1.This review mainly focuses on non-alcoholic fatty liver disease caused by diabetes and obesity. Therefore, some general definitions of "fatty liver disease" in this review need to be replaced by more appropriate professional terms (such as NAFLD). 2.The sentence "the two conditions" in the ABSTRACT needs to be specified. 3.In the INTRODUCTION, the description of the diagnosis of non-alcoholic fatty liver disease is excessive and can be replaced with an epidemiological description of non-alcoholic fatty liver disease. 4.Punctuation errors in the text need to be reasonably corrected, such as "?oxidative stress[2]" and "[[22,23]]" . 5.In the INTRODUCTION, the sentence "Incretin hormones influence glucose homeostasis and are involved with the pathophysiology of type 2 diabetes mellitus" repeats with the expression in the following: "Incretin hormones play significant roles in glucose homeostasis and the pathophysiology of type 2 diabetes mellitus", it is more appropriate to replace or delete it. 6.The Figure and Table in the review need to be annotated in detail. 7.The expression of "adiposity hypertrophy" should be changed to "adipocyte hypertrophy". 8.The specific process described in the sentence "Further dysregulation causes the increase of free fatty acids." should be elaborated. 9.The sentence "Numerous studies with insulin treatment to control hyperglycemia to reach a near-normal value of glucose concentrations may improve the insulinotropic of GIP and GLP-1 in T2DM patients, indicating improvement of the



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incretin effects" is not clearly expressed. 10.The sentence "Even though the excretion of incretin is more or less normal in T2DM patients" is not clearly expressed. 11.In the section of DIABETES, INCRETIN HORMONE AND FATTY LIVER DISEASE, there are a lot of contents about the regulation of incretin hormones in diabetes, but there are too few descriptions about how incretin hormones can benefit fatty liver disease. 12.The CONCLUSION is too brief, which can be supplemented for pharmacological characteristics of incretin hormones, advantages and defects compared with other treatment modalities, current clinical research and mechanism research progress, research limitations and specific limitations, as well as suggestions for future research direction and practice through this review.