PEER-REVIEW REPORT

Name of journal: *World Journal of Diabetes*

Manuscript NO: 87777

Title: Management of monogenic diabetes in pregnancy: A narrative review

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05123031

Position: Editorial Board

Academic degree: Doctor, MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-08-29

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-09-26 06:50

Reviewer performed review: 2023-10-08 23:02

Review time: 12 Days and 16 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Manuscript ID: 87777 Title: Management of monogenic diabetes in pregnancy – A narrative review   1. Can you provide more information on the specific genetic tests used to diagnose MODY during pregnancy? Are there any emerging non-invasive genetic testing methods for MODY that could be applied during pregnancy? 2. How do the management strategies for different subtypes of MODY during pregnancy differ? Are there any commonalities in the approach to managing MODY in pregnant women? 3. You mentioned that maternal hyperglycemia in GCK-MODY pregnancies can lead to fetal growth acceleration. Could you elaborate on the mechanisms behind this and the potential consequences for both the mother and the fetus? 4. In the case of HNF1B-MODY, which is associated with a wide range of clinical phenotypes, are there specific considerations for managing pregnant women with this subtype, especially if they have other associated conditions like renal abnormalities? 5. What are the potential risks and benefits of using sulfonylureas vs. insulin in the management of MODY during pregnancy, particularly in the context of GCK-MODY and HNF1A-MODY? 6. Are there any ongoing clinical trials or research efforts aimed at improving the management of

MODY during pregnancy, or at developing novel treatment approaches for this specific population? 7. Could you explain the rationale behind monitoring fetal growth in MODY pregnancies and how it informs the management decisions during pregnancy? Are there specific growth patterns that healthcare providers look for? 8. Given the rarity of MODY, what challenges exist in terms of raising awareness among healthcare providers and the general public about the condition, especially in the context of pregnancy? 9. Can you provide insights into the long-term health outcomes for children born to mothers with MODY during pregnancy? Are there any specific health risks or considerations for these children as they grow older? 10. In your conclusion, you mentioned the need for better implementation of MODY guidelines in general diabetes clinics. Could you elaborate on these guidelines and their importance in the context of managing MODY during pregnancy?

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Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
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SPECIFIC COMMENTS TO AUTHORS

Thanks for the invitation for reviewing the paper. Major concern: 1.The title and content of this manuscript are very similar to the articles as follows, especially the first one. To some extent, this review is just a repetition of other's work.This manuscript lacks originality. a)"Chakera J A, Jones O, Edensor S. Diagnosis and Management of Monogenic Diabetes in Pregnancy[J]. Current Diabetes Reviews,2023,19(2)." b)"Majewska A, Stanirowski P, Wielgoś M, Bomba-Opoń D. Maturity-onset Diabetes of the Young(MODY) in Pregnancy: A Review. Curr Diabetes Rev. 2023;19(1):e280122200657. doi: 10.2174/1573399818666220128124043. PMID: 35088675." 2.The abstract and introduction of the manuscript isn't concise and direct enough. There are too many unnecessary words. The abstract and introduction need to be further condensed. c)In Abstract:"The glycemic targets in GCK-MODY pregnancies are not exclusively dictated by the maternal/paternal MODY genotype but are also influenced by the genotype of the developing fetus. Accurately determining the fetal genotype poses challenges, prompting the use of fetal growth patterns as a surrogate marker. "
"Treatment options for HNF1A-MODY and HNF4A-MODY in pregnancy include either

sulfonylurea or insulin, and transplacental transfer of sulfonylurea can lead to fetal macrosomia." I think it's inappropriate to use a lot of space to describe the specific treatments of four subtypes of MODY in the paragragh of Abstract, as the abstract is supposed to be concise and comprehensive. It could be better if you summarize the imperfection and the prospect of diagnosis and treatment measures, so that readers can have a preliminary outline of the issues to be narrated. d)In Introduction: "Other specific gene abnormalities can give rise to neonatal diabetes, which as its name suggests causes diabetes in early life.""The distinguishing features between MODY and type 1 or type 2 diabetes are early onset fasting hyperglycemia (<35 years of age), lean body habitus, absence of pancreatic islet autoantibodies (a characteristic feature of type 1 diabetes), reduced or no clinical features of insulin resistance, and a family history of diabetes with autosomal dominant inheritance." These words appear too specific as the Introduction should see things from a broader perspective. There are similar problems in other parts of your article. 3.The main content of the manuscript is inconsistent with the abstract. The authors wrote in the abstract "Each subtype of MODY requires a distinct approach tailored to the pregnancy, diverging from management strategies in non-pregnant individuals." In the manuscript, the treatment for each subtype of MODY only stated that it was insulin therapy, which was not specific and systematic enough. The HNF1A MODY and HNF4A MODY sections lack relevant discussion on complications. 4.The main points of this review are not clear enough. e)Page 2, line 5, you say "This review will focus on the implications of pregnancy in the most common forms of MODY". This sentence apparently deviates from the theme of treatment. It's essential to ensure that the argument is directly related to the topic. 5.The theoretical basis of the article is not sufficient. And the data sources are unclear. Ex. f)In the Section "Management of GCK-MODY during pregnancy" ,the 3rd paragragh, you mention"Most women with GCK-MODY do not require anti-diabetic therapy out with pregnancy. It is generally

recommended that anti-diabetic therapy should not be commenced as a matter of routine during the first and second trimesters of pregnancy, even though maternal blood glucose levels are likely to be above typical pregnancy targets." But you has not provided a theoretical basis for these treatment principles, which makes me a little confused. As a review, readers could have a good understanding of the topic if you give data or theory details rather than the statement of other reviews, especially when the treatment is the central element in this article. g)Page 9, line14:"These data suggest a shift towards insulin therapy as opposed to sulphonylurea therapy during pregnancy." The data source here is unknown. Minor concern： 1.For a systematic review, 36 references are limited,and only one-third of references are from the last five years. 2.Section of "key words" needs revision. For instance, you should add "pregnancy". 3.Figure 2 appears before the text mentions it. 4.The conclusions don't accurately summarize the information above. Final comment： This article is only an excerpt from existing literature, lacking innovation and practicality. Honestly, the author has contributed very little. Besides, the arguments in this article are unclear. This paper needs major revision.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Diabetes*

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Title: Management of monogenic diabetes in pregnancy: A narrative review

Provenance and peer review: Invited manuscript; Externally peer reviewed

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Reviewer's code: 05123031

Position: Editorial Board

Academic degree: Doctor, MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-08-29

Reviewer chosen by: Jing-Jie Wang

Reviewer accepted review: 2023-11-14 09:46

Reviewer performed review: 2023-11-17 14:12

Review time: 3 Days and 4 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
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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The author has completed the revision of the manuscript according to the reviewer's comments.