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ESPS Peer-review Report
Name of Journal: World Journal of Diabetes
ESPS Manuscript NO: 7608
Title: Clinical Therapeutic Strategy for Diabetic Kidney Disease
Reviewer code: 02665712
Science editor: Wen, Ling-Ling
Date sent for review: 2013-11-26 23:08
Date reviewed: 2013-12-25 21:12

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[Y] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

Review of current standard treatment for diabetic kidney disease and otherprospective therapies for diabetic kidney disease seems to be a useful target for a review publication and could potentially provide a comprehensive discussion of available choices. The task is quite difficult due to variety of both applications and methods. I think additional English language review is needed to make the manuscript more readable.

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ESPS Peer-review Report
Name of Journal: World Journal of Diabetes
ESPS Manuscript NO: 7608
Title: Clinical Therapeutic Strategy for Diabetic Kidney Disease
Reviewer code: 00503187
Science editor: Wen, Ling-Ling
Date sent for review: 2013-11-26 23:08
Date reviewed: 2014-01-25 00:02

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[Y] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

The review by Kitada et al. presents an overview of studies addressing the different strategies to treat diabetic kidney disease. Below are some comments to improve the review: 1. Presenting some of the data summarizing the studies (especially in Targeting HbA1c) also in a format of a table/tables would help the reader to catch the main points. 2. Changes in the glomeruli and glomerular cells play an important role in the development of proteinuria and diabetic nephropathy. As reducing microalbuminuria is an important therapeutic target, could the authors shortly describe the pathophysiological mechanisms at the cellular level that currently are thought to explain why patients with diabetic kidney disease develop proteinuria. E.g., also podocytes and glomerular endothelial cells have been shown to play important roles in the development of proteinuria in addition to thickening of the GBM and mesangial expansion. Associating the different treatment strategies to the cellular mechanisms would give depth to the review. 3. In the conclusions the authors suggest identification of earlier biomarkers than urinary albumin as future prospectives. What do the authors see as future prospectives in terms of developing new lines of treatment strategies, the main issue of the review.

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ESPS Peer-review Report
Name of Journal: World Journal of Diabetes
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Title: Clinical Therapeutic Strategy for Diabetic Kidney Disease
Reviewer code: 00505967
Science editor: Wen, Ling-Ling
Date sent for review: 2013-11-26 23:08
Date reviewed: 2014-01-26 17:01

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[Y] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[Y] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

The review presented: " Clinical Therapeutic Strategy for Diabetic Kidney Disease" highlights measures of protection against the progression of DKD and cardiovascular events by targeting the remission/regression of microalbuminuria in type 2 diabetic patients. It also focuses on the importance of multifactorial interventions fot the management of DKD. Multifactorial interventions include Glycemic control, blood pressure and lipid control. The manuscripr reviews the the current standard treatment as well as other prospective therapies for DKD. This attempt is of great significance to the literature, as only a few reviews focus on the diabetic nephropathy standard care. hence, the review holds scientific merit. However, and unfortunalely it is outdated, considering the release of the JNC-8 and Diabetes updated 2014 guidelines that are not addressed here. These review has to be reformulated to refer and adhere to these updated standards of therapy and include thier targets; glycemic target, BP and LDL targets

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ESPS Peer-review Report
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Title: Clinical Therapeutic Strategy for Diabetic Kidney Disease
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Science editor: Wen, Ling-Ling
Date sent for review: 2013-11-26 23:08
Date reviewed: 2014-02-07 21:01

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[Y] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

Munehiro Kitada et al. reviewed the current articles and summarize the information about the inflammation in clinical therapeutic stratergy for diabetic kidney diseases (DKD). This is interesting and well organized manuscript. There are some minor comments should be noticed. Minor comments: 1. Since the title of this manuscript is “Clinical Therapeutic Stratergy for Diabetic Kidney Diseases”, all stages of DKD should be discussed. The auhtors only discussed the treatment of early stage of DKD, therefore, therapeutic stratergy for patients with large proteinuria and edema, chronic kidney disease (CKD) and end stage renal disease (ESRD) should be added. 2. For “targeting blood pressure” part, the authors only discussed RAS inhibitors. How about other anti-hypertension drugs, e.g. calcium channel blocker (CCB) and β-receptor blocker, especially under the condition that using RAS inhibitors only cannot control the blood pressure?