

Dear Editor,

We submit a revised version of our invited editorial titled “Is there a role for glucagon-like peptide-1 receptor agonists in the management of diabetic nephropathy?”, Manuscript ID 58060, for consideration for publication in the World Journal of Diabetes. We thank the Reviewers for their comments, which improved our manuscript. We modified our review accordingly. All changes are shown in red in the revised text. This is an invited editorial and the invited manuscript ID is 00036318.

Response to Reviewers' comments:

Reviewer number ID: 02446612

Overall a timely and brief editorial on possible DKD benefit with the use of GLP1 agonists. Working through the checklist provided to me by the editor, I believe the manuscript is well written and meets the appropriate criteria (many don't apply as an editorial).

**We thank this Reviewer for these positive comments.**

Specific comments for the authors to consider 1) In both the last sentence of the abstract and main text, would recommend what patient population this should be evaluated in (ie those with established DKD) as the CVOTs are in a very different population and less likely to see a robust renal benefit

**We added in both the last sentence of the abstract and main text that these agents should be evaluated in patients with established DKD.**

2) Perhaps stating if there are any on-going trials with this class of agents specifically in DKD should be stated (I don't believe there are after doing a 'clinicaltrials.gov' search earlier this year)

**We added in the conclusions “The FLOW trial (NCT03819153) is currently evaluating the effects of semaglutide versus placebo on the progression of**

**renal impairment in patients with DKD and is expected to be completed in 2024 [<https://clinicaltrials.gov/ct2/show/NCT03819153>]"**

3) In first paragraph of the main text, the author lists risk factors for DKD progression, one of these is a 'positive family history', you may want to state a history of what specifically.

**We now specify that we refer to positive family history of DKD.**

4) In the second paragraph of the main text, is liraglutide really a 'long-acting' agent given it is dosed once daily compared to the other agents listed which are once-weekly?

**We moved liraglutide to the short-acting GLP-1RAs.**

5) In the paragraph describing the renal outcomes from the CVOTs, I suggest also adding the composite renal outcome with semaglutide was primarily due to change in albuminuria, you do this for the other two studies described, good to be consistent, this to me is why I don't recommend them for DKD (as opposed to SGLT2 inhibitors that had more robust renal outcomes in their CVOTs)

**We thank this Reviewer for this important comment and we added "this benefit was primarily due to the prevention of persistent macroalbuminuria"**

6) A brief statement that the CVOTs were not designed to assess renal outcomes (nor powered to) may add to the manuscript.

**Again, we thank this Reviewer for these constructive comments and we added in the abstract and in the conclusions "Moreover, these trials were not designed nor powered to assess renal outcomes."**

7) Abstract has a typo in second to last sentence: 'Indeed, given than macro...' shouldn't it be 'given that...'?

**We corrected this typo.**

We look forward to your decision.

Best regards,

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