

Dear editors and reviewers:

It is our pleasure to receive your comments and kind help. The reviewers gave us many useful suggestions for our letter, and we have revised one by one accordingly. Here are our answers.

Reviewer #1:

Q1: I think the authors substantially stated the relationship between gastroenteropathy due to DM and gastrectomy. Is it necessary to limit the object to patients with GC?

A1: Thanks for your question. To be honest, this phenomenon was only found in diabetes mellitus (DM) patients concurrent with gastric cancer in our clinical center. However, the DM patients with morbid obesity or colorectal cancer might experience the occurrence of gastroenteropathy similarly. Thus, the relationship between gastroenteropathy and other gastrointestinal diseases should be explored in future studies.

Q2: Please replace RCT with “randomized controlled trial”.

A2: We are really appreciated with your suggestion. RCT was replaced by “randomized controlled trial” in revised manuscript. (line 69) Thanks again for your carefully reading.

Reviewer #2:

Marcio JCZ et al. of “Diabetic gastroenteropathy” is a general overview of on the pathophysiology, symptoms, diagnosis, and treatment of diabetic gastroenteropathy while authors of the letter are pointing towards a separate point of gastric cancer, diabetes melitus and gastroenteropathy which is not even mentioned in the Marcio JCZ review article. The language of letter is vagues and does not convey any new information which was not known previously in the literature.

Answer: It is our honer to receive your comments. We are sorry to hear that our letter was not satisfied with your approved standard. As it mentioned in this letter, Marcio JCZ et al. of “Diabetic gastroenteropathy: An underdiagnosed complication” generally concluded that pathophysiology and management of diabetic gastroenteropathy which was poorly diagnosed in patients with

diabetes mellitus. Fortunately, we found that the gastric cancer patients with diabetes mellitus had remission of gastroenteropathy after surgery. Due to poorly diagnosed for diabetic gastroenteropathy in clinical practice, the reasons for gastroenteropathy remission were generally considered as radical resection of malignancy only in previous cognition. However, after carefully reading of this review, we hypothesized that the reasons might due to not only malignancy remove but also the diabetes mellitus remission. Although it should be proved by large experiments in the future, we think that this issue can be focused now. And in terms of language editing, we have invited a native English speaker who was familiar with medical terminology to help us revise the expression of this article (the American Journal Experts has modified this article). We hope that the revised manuscript could be better understanding.

Editors:

Q1: The signed Conflict-of-Interest Disclosure Form and Copyright License Agreement were not provided.

A1: Thanks for your kind help. Both two materials were uploaded in Additional information.

Q2: Language evaluation: Classification: Grade C and Grade B. A language editing certificate issued by AJE was not provided.

A2: Thanks for your suggestion. We have invited a native English speaker who was familiar with medical terminology to help us revise the expression of this article (the American Journal Experts has modified this article).

Q3: PMID numbers are missing in the reference list. Please provide the PubMed numbers DOI to the reference list and list all authors of the references.

A3: Thanks for your reminder. All the references have revised, PMID numbers and all authors of the references were added in the list.