Comment	Response	Notes
Future research hotspots should be pointed out and discussed	Areas of emerging therapies have been included in each of the respective disease sections, as well as in the “Prevention and Management” section.	Manuscript updated.
Basic research progress should be listed to illustrate the relevant mechanisms	Relevant pathophysiological mechanisms for the development of micro- and macrovascular complications and wound healing have been included within each of their respective sections.	Manuscript updated.
Algorithmic approach in different pathologies related to Diabetes needs to be incorporated	Our purpose of our review is to increase awareness and demonstrate the interlocking and reciprocal relationships that lead to the best possible care and outcomes for patients affected by diabetic eye and foot disease. The authors do not provide guidance on individualization of management or provide treatment algorithms beyond the identification of individuals with high-risk pathology because this is best left to the appropriate specialists engaged.	The diabetic care process algorithm is detailed in **Figure 3.**

Comment	Response	Notes
Importance of screening and tele - medicine in long term management also to be mentioned	We thank the reviewer for pointing out this very important and emerging area of health care. We have included this in the review and updated **Figure 3** to reflect the emerging role of telehealth and smartphone technology in both screening and long-term management.	**Prevention and Management:** "In the future, the integration of smartphone technology and telehealth may not only streamline care coordination, but also allow for remote diagnosis and long-term monitoring of disease[106]." **Figure 3:** "The integration of smartphone technology and telehealth may streamline the care coordination and communication between the patient and each component of the diabetic care team[106]."
Therapeutics part can be added after the respective disease only	We thank the reviewer for this very helpful suggestion. Therapeutics have been integrated into their respective disease sections.	Manuscript updated.

Comment	Response	Notes
Introduction part and references part should be reduced	Introductory text has been compressed and specific associated epidemiological factors added. The reference count has been reduced by 15%. Redundant references have been removed or replaced with those that support added material recommended by the reviewers.	Manuscript updated.
Newer management and diagnostic modalities needs to be addressed	Modern approaches to diagnosing and managing diabetic foot have been expanded and newer diagnostic modalities emphasized. **Figure 1** presents the most common foot and eye disease manifestations and stresses the necessity of reciprocal examinations in cases where any one of these interrelated complications are identified. The purpose of our review is to demonstrate the interlocking relationships between diabetic eye and foot disease and how coordination of care leads to the best possible care and outcomes for our patients. The authors do not intend to provide guidance on individualization of management beyond the identification of individuals with high-risk pathology. Treatment algorithms are best left to the appropriate specialists engaged. **Figure 3** highlights the Diabetic Care Team Process required to care optimally for the diabetic foot and eye. A team-based strategy is emphasized whereby there is reciprocal communication betwen primary care providers, endocrinologists, ophthalmologists, podiatrists, vascular surgeons, and other key specialists that share in the care of diabetic eye and foot.	Manuscript updated.