

Reviewers' and Editors' comments & Authors' replies:

Reviewer's comment	Authors reply	Action taken
<p>Reviewers #1.</p> <p>Overview of the manuscript A brief editorial of RASB, SGLT-2i and Finerenone for the treatment on DKD in the past 20 years was made. This editorial basically meets the requirements; however, some important issues still need to be revised.</p> <p>Details 1. The standard three-line table format should be used without any additional lines of columns in all tables.</p> <p>2. The whole text is full of grammatical errors, presentation problems and typesetting problems, which seriously affect the reading and need to be polished by English professionals.</p> <p>3. The author's title and thematic content settings seem to be a little thoughtless. First, as for "RASB to SGLT-2 inhibitors to Finerenone", RASB and SGLT-2i are both names of the drug type, while Finerenone is only a single drug, and Finerenone should be better changed to mineralocorticoid receptor antagonists (MRA). Other MRA drugs should also be mentioned meanwhile. Secondly, RASB to SGLT-2i to MRA does not seem to be a particularly reasonable expression, should be changed to RASB-SGLT-2i-MRA to express the history of this transition.</p> <p>Finally, the author's 20-year limit seems too arbitrary, for example, one of important studies for SGLT2-i, DECLARE, was not included. Therefore, the writing of the title and the time frame for the topic should be reconsidered.</p>	<p>1. Three-line table format has been made as asked.</p> <p>2. Entire manuscript has been thoroughly edited. All grammatical errors and typesetting problems have been taken care of as advised. Thank you!</p> <p>3. Thank you. The title has been changed to "RASB-SGLT2i-MRA" – as asked. All data with MRA has been added as asked.</p> <p>The 20-year limit is coincidentally arbitrary however it is based on the first positive hard renal endpoint trials of ARBs in 2001 and a recent positive renal outcome trial of MRA (finerenone) in 2021. Renal outcomes in DECLARE, CANVAS and EMPA-REG were exploratory and not exclusive to DKD. The reason we discussed exclusive CKD studies of SGLT2i such as CREDENCE, DAPA-CKD, and</p>	<p>1. Table 1</p> <p>2. Edited</p> <p>3. Title changed. Other data added (purple colored text and references)</p> <p>-</p>

<p>4. The idea in Figure 1 is inspiring, but the clinical trials of DKD included seem incomplete. It would seem that the following major trials should be considered. List of clinical trials: 1) N Engl J Med. 1993;329(20):1456-1462. 2) J Hum Hypertens. 1996;10(3):185-192. 3) N Engl J Med. 1996;334(15):939-945. 4) Lancet. 2000;355(9200):253-259. 5) Lancet. 1997;349(9069):1857-1863. 6) Nephrol Dial Transplant. 2016;31(3):359-368. 7) N Engl J Med. 2004;351(19):1941-1951. 8) N Engl J Med. 2006;354(2):131-140. 9) Eur J Prev Cardiol. 2016;23(7):758-768. 10) N Engl J Med. 2019;380(24):2295-2306. 11) Nephrol Dial Transplant. 2020;35(2):274-282. 12) J Am Coll Cardiol. 2021;78(2):142-152.</p> <p>5. In addition, the tests of different types of drugs should be classified in different colors in Figure 1, with one color for each type of drug and legends for readers to understand.</p>	<p>EMPA-KIDNEY with composite renal outcomes as the primary endpoint. However, we have now added about these trials in brief as asked.</p> <p>4. In this editorial, we have briefly discussed only those trials that have evaluated hard renal endpoints in people with DKD with T2DM. Studies that primarily evaluated change in albuminuria have been purposely omitted. All references quoted here (1-12) either did not evaluate hard renal endpoints or were conducted in type 1 DM. Hope this clarifies.</p> <p>5. Thank you! We have now made the figure 1 as per the advice.</p>	<p>-</p> <p>5. Newly-made figure 1</p>
<p>Reviewer #2.</p> <p>The finding of the manuscript is promising and clear, however, the methodology, hypothesis, and objective is not clear.</p> <p>why the author have no one to acknowledge?</p> <p>limitation of the study is not written, so how can a study with no clear data extraction method be published? or why the manuscript components including method and others, left un explained? if not applicable it should be indicated for reviewers</p>	<p>Thank you!</p> <p>Authors have exclusively conducted this work and therefore no one else to acknowledge.</p> <p>This paper has been written as per the format of the Editorial of this journal. As per the format of WJD, the editorial manuscript does not require an objective, method, or limitation section.</p>	<p>-</p> <p>-</p> <p>-</p>

<p>Editorial comments:</p> <p>I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Diabetes, and the manuscript is conditionally accepted.</p> <p>I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please be sure to use Reference Citation Analysis (RCA) when revising the manuscript. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. For details on the RCA, please visit the following web site: https://www.referencecitationanalysis.com/.</p> <p>Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.</p> <p>Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and</p>	<p>Thank you so much!</p> <p>Revision made as asked. Registered at RCA. ID: https://referencecitationanalysis.com/00001105</p> <p>The PowerPoint file of figure 1 is attached.</p> <p>Table 1 has been formatted as per requirement.</p> <p>This is the original figure. Copyright information is added in figure 1.</p>	<p>-</p> <p>-</p> <p>Figure1</p> <p>Table 1</p> <p>Figure 1</p>
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<p>copyrights. For example, “Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]”. And please cite the reference source in the references list.</p>		
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