

**Dear Dr. Lin,**

We are pleased to inform you that, after preview by the Editorial Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 87094, Review) basically meet the publishing requirements of the *World Journal of Diabetes*. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision. Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based upon the reviewers' comments, the quality of the revised manuscript, and the relevant documents.

Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.

### **1 MANUSCRIPT REVISION DEADLINE**

We request that you submit your revision in no more than **14 days**. **Please note that you have only two chances for revising the manuscript.**

### **2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT**

Please login to the F6Publishing system at <https://www.f6publishing.com> by entering your registered E-mail and password. After clicking on the "Author Login" button, please click on "Manuscripts Needing Revision" under the "Revisions" heading to find your manuscript that needs revision. Clicking on the "Handle" button allows you to choose to revise this manuscript or not. If you choose not to revise your manuscript, please click on the "Decline" button, and the manuscript will be WITHDRAWN.

**Author response to Editor:** Dear Editor,

We are grateful for the prompt and thorough review of our manuscript (Manuscript NO.: 87094, Review) submitted to the *World Journal of Diabetes*. We are pleased to receive your positive feedback and the preliminary decision that this manuscript is acceptable for publication pending appropriate revisions.

We acknowledge the effort put forth by the Editorial Office, peer reviewers, and the use of CrossCheck and Google plagiarism detection to evaluate my manuscript's academic quality, language quality, and ethical standards. Your comprehensive review demonstrates the commitment of the World Journal of Diabetes to maintain the highest standards in scholarly publishing, which is commendable.

Furthermore, we are fully committed to addressing the comments and suggestions provided by the reviewers and the Editorial Office to enhance the quality and clarity of my manuscript. I understand that the final decision on acceptance will depend on the reviewers' comments, the quality of the revised manuscript, and the relevant documents. We carefully followed the suggestions and input from the reviewers for editing the manuscript to ensure it meets the final acceptance and publication requirements. Rest assured, we have tried to incorporate the necessary changes and improvements to address the concerns raised during the initial review. A detailed list of the author's responses to the reviewers/Editor's comments is appended below;

### **3 SCIENTIFIC QUALITY**

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report, and **highlighted the revised/added contents with yellow color in the revised manuscript.**

Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peerreview report(s); these are listed below for your convenience:

**Author response 3:** We would like to express our appreciation for the opportunity to address the comments and suggestions provided by the peer reviewers. We have carefully revised the manuscript following the reviewer's feedback, and we are pleased to submit the revised version for your consideration. Below, we have provided a point-by-point response to each issue raised in the peer review report. As requested, we have highlighted the updated and newly incorporated content in yellow throughout the revised manuscript file.

**Reviewer #1: Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Rejection

**Response to Reviewer 1:** Dear reviewer, we would like to thank you for your critical evaluation and positive input on our manuscript. We believe these comments and suggestions helped us improve the quality and presentation of our manuscript. Moreover, a professional proofreader helped us enhance the language quality of the revised manuscript. Below is the summary of changes that were incorporated in the revised version.

**Specific Comments to Authors:**

1. The title is "Analysis of the management and therapeutic performance of diabetes mellitus employing special targets." However, the content focuses more broadly on epidemiology, pathophysiology, traditional management, and medications. Only a small portion in the middle section briefly mentions some emerging special targets like GLP-1, PPARs, etc., but the discussion is not comprehensive or in-depth. Later discovered targets like Vaspin have little linkage to the "special targets" mentioned in the title. Overall, the content discusses traditional methods more extensively, while the analysis on employing special targets is insufficient.

**Author response 1:** We would like to thank the reviewers for their thoughtful insights and constructive feedback on our manuscript. We have carefully reviewed the comments and have made significant revisions to the manuscript to better align with the reviewer's suggestions. In the revised version, we have restructured the discussion on emerging targets to establish a more explicit connection with the previously discussed special targets [Pages 7-8].

2. The novelty of this review article is insufficient. The article extensively references and repeats viewpoints that are already reported in existing literature regarding the current status, pathogenesis, and management methods of diabetes. Regarding therapeutic targets, although some are mentioned, most are well-known and exhibit significant repetition. The discussion of emerging targets such as Vaspin is superficial and one-sided,

lacking a comprehensive and systematic new perspective. There is a lack of predictions for future research directions and treatments, resulting in a lack of forward looking analysis for the field's development. The overall framework is conventional, and there is a lack of in-depth innovative thinking and insights into specific issues. In summary, this review heavily relies on existing literature and provides limited supplementary value to the field's knowledge.

**Author response 2:** Thank you for your critical and in-depth evaluation and suggestions for improving the readability of our manuscript. We have taken deliberate steps to remove any content deemed irrelevant or repetitive, as pointed out in your review. This process has allowed us to streamline the article, ensuring that it focuses exclusively on pertinent and novel information related to the current status, pathogenesis, management methods, and therapeutic targets in diabetes mellitus.

Moreover, we appreciate the reviewers' valuable input regarding our manuscript's section on emerging targets, particularly Vaspin. The updated section on Vaspin now offers a more thorough and systematic analysis, incorporating the latest relevant studies and research findings. We have diligently reviewed and included recent publications and clinical data about Vaspin's mechanisms of action, potential clinical applications, and ongoing research. This comprehensive approach aims to address the concern raised by the reviewer regarding the superficiality and one-sided nature of our previous discussion [Lines. 339-362; Page: 16-17].

In response to the reviewer's suggestions, we have extensively revised and rewritten the future research direction section to offer a more forward-looking and comprehensive perspective on DM management. The updated conclusion and future research directions now provide a deeper insight into the innovative approaches and potential therapeutic targets in diabetes management, aligning with the reviewer's call for a more novel and forward-thinking outlook [Lines. 602-636; Pages: 38-40].

**Reviewer #2:**

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Author response to Reviewer 2:** We sincerely appreciate Reviewer 2 thorough evaluation of our manuscript. We are pleased to receive a positive assessment of our work's scientific and language quality, and we acknowledge the minor language polishing suggestions. Your feedback is invaluable in ensuring the clarity and precision of our work. Furthermore, to enhance the overall quality and readability of the manuscript, we have carefully edited and proofread the manuscript with the assistance of a professional proofreader.

**Specific Comments to Authors:** I am really grateful to review this manuscript. In my opinion, this manuscript can be published once some revision is done successfully. I made one suggestion and I would like to ask your kind understanding. This study reviewed 101 references on the pathophysiology, management and therapeutic performance of diabetes mellitus. I would argue that this study is a rare achievement as a really comprehensive review on this important topic. However, it can be noted that recent literature pays increasing attention on the social determinants of diabetes mellitus. In this context, I would like to ask the authors to address this issue in discussion.

**Author response:** We greatly appreciate your thoughtful feedback and the recognition of our efforts in compiling a comprehensive overview of the pathophysiology, management, and therapeutic performance of diabetes mellitus. We wholeheartedly agree with your valuable suggestion to address the social determinants issue in our manuscript's discussion section. The social determinants of diabetes mellitus are indeed of paramount importance, and we recognize their growing relevance in recent literature. In response to your suggestion, we incorporated a dedicated section (Section 9) within the discussion to explore the impact of social determinants on diabetes mellitus. This addition provides a more holistic perspective on the multifaceted nature of the disease, including the significant role that social and environmental factors play in its prevalence, management, and outcomes [Lines. 574-601; Page: 37-38].

#### **4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH**

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

**Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.**

**Author response 4:** Thank you for your feedback and continued support in ensuring the quality of our manuscript. We appreciate your concern about the language quality in the revised manuscript submitted by non-native speakers of English. Moreover, we would like to inform you that we have taken proactive steps to address the language issues in our revised manuscript. Before resubmission, we engaged a professional proofreader who meticulously corrected any grammar and typographical errors that may have been present. We also included a language correction certificate with our initial submission and the revised manuscript.

#### **5 ABBREVIATIONS**

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. The basic rules on abbreviations are provided here:

- (1) Title:** Abbreviations are not permitted. Please spell out any abbreviation in the title.
- (2) Running title:** Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

**(3) Abstract:** Abbreviations must be defined upon first appearance in the Abstract.  
Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

**(4) Keywords:** Abbreviations must be defined upon first appearance in the Key Words.

**(5) Core Tip:** Abbreviations must be defined upon first appearance in the Core Tip.  
Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

**(6) Main Text:** Abbreviations must be defined upon first appearance in the Main Text.  
Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

**(7) Article Highlights:** Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

**(8) Figures:** Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

**(9) Tables:** Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

**Author response:** Thank you for providing clear guidelines regarding using abbreviations in our manuscript. We have carefully considered these guidelines during the revision process to ensure consistent and appropriate use of acronyms throughout the manuscript. Further, we believe these changes have enhanced the clarity and readability of our manuscript while aligning with the publication's abbreviation guidelines. We appreciate your guidance in this matter and hope that these revisions meet your expectations.

## 6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

**(1) Science editor:**

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

**Author response to Science Editor:** Dear Editor,

We greatly appreciate your prompt evaluation of our manuscript and feedback on language and scientific quality. We are pleased to inform you that we have diligently addressed the language-related comments and performed minor language polishing to enhance the manuscript's readability and overall quality. These revisions have significantly improved the language quality, aligning it more closely with Grade A standards.

As for the scientific quality, we acknowledge the Grade C rating of "Good." We value this assessment and are committed to further enhancing our manuscript's scientific content based on the peer reviewers' constructive feedback.

**(2) Company editor-in-chief:**

I have reviewed the Peer-Review Report, the 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. 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.

- However, the quality of the English language of the manuscript does not meet the requirements of the journal. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for

the professional English language editing companies we recommend:  
<https://www.wjgnet.com/bpg/gerinfo/240>.

- **Author response to Editor-in-chief:** Dear Editor-in-Chief,  
Thank you for considering our manuscript and the conditional acceptance based on the Peer-Review Report and relevant ethics documents. We greatly appreciate the opportunity to address the reviewers' comments and editorial feedback to improve the quality of our work.  
Regarding the English language quality, we would like to clarify that we have taken proactive measures to address this concern. We have carefully reviewed and revised the manuscript according to the Peer-Review Report, the Editorial Office's comments, and the Criteria for Manuscript Revision by Authors. Furthermore, we engaged a professional proofreader to improve the English language quality.  
We are confident that these efforts have significantly enhanced the language quality of the manuscript, aligning it with the standards expected by the World Journal of Diabetes. While we understand the importance of providing an English Language Certificate, the revisions have effectively addressed this issue.
- Please provide the original figure documents.  
Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author

needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights.

**Author response:** We would like to inform you that we have already provided the original figure documents, and we have organized the figures using PowerPoint to ensure they can be reprocessed as needed. Further, we want to clarify that no copyright-protected figures or figures are used from other sources in our manuscript.

Regarding Figure 1, it has been exclusively generated and drawn by Dr. Xiaoyan Lin (the corresponding author of this manuscript). We can confirm that all the figures in the manuscript are original and created by us.

- 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) 2023. 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.

**Author response:** Thank you for your comment regarding the confirmation of the originality of the figures and the copyright information. We have thoroughly reviewed and made the necessary adjustments to align with your instructions. We confirm that the Figure (Figure 1) presented in the manuscript is generated initially de novo by the author(s) specifically for this paper. Copyright information has been added to the bottom right-hand side of each Figure in the PowerPoint (PPT) format as follows: Copyright © Hongyan Sun and Xiaoyan Lin, 2023.

Additionally, we have ensured that the tables in the manuscript are presented in the requested standard three-line format, displaying only the top, bottom, and column lines, while hiding the other table lines per your guidance.

- If an author of a submission is reusing 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 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. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable.

**Author response:** We appreciate your guidance regarding the proper citation and use of figures and intellectual property rights within our manuscript. It's important to note that no copyright-protected figures or figures are used from other sources in our article.

All figures in the manuscript, including Figure 1, are original and have been generated specifically for this paper. We do not need to provide documentation for permission to reuse figures, as none have been reused

from external sources. Therefore, there are no copyright-related concerns or prior sources to cite in the references list.

Finally, we want to assure you that we fully respect the guidelines set by BPG publications and take intellectual property rights seriously. We have adhered to the highest standards of academic integrity in preparing and presenting our work.