

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Postprandial Glucagon-like peptide 1 secretion is associated with urinary albumin excretion in newly diagnosed type 2 diabetes patients" (ID 79252). Those comments are all valuable and helpful for improving our paper. We have studied the comments carefully and made correction. Hope it will meet with approval.

Reviewer 1

The author in the method section should address the study design and mention about the IRB approval and mention those details

Response: Thank you for your comments. As you suggested we have added that details. The study design were described in detail in the flow chart as Supplementary Figure 1 showed.

Study design and participants

For this multicenter study, patients were recruited from 11 clinical centers. All patients had been diagnosed with T2DM within the past 12 months. The major inclusion criteria included: met WHO 1999 T2DM diagnostic criteria; aged between 18 and 75 years; did not treated with antidiabetic medicine or received treatment for not more than 30 days and stopped three months before entering this study. The detailed criteria could be rereferred to a published article¹³. The study flowchart is displayed in Supplementary figure 1.

Ethical principles

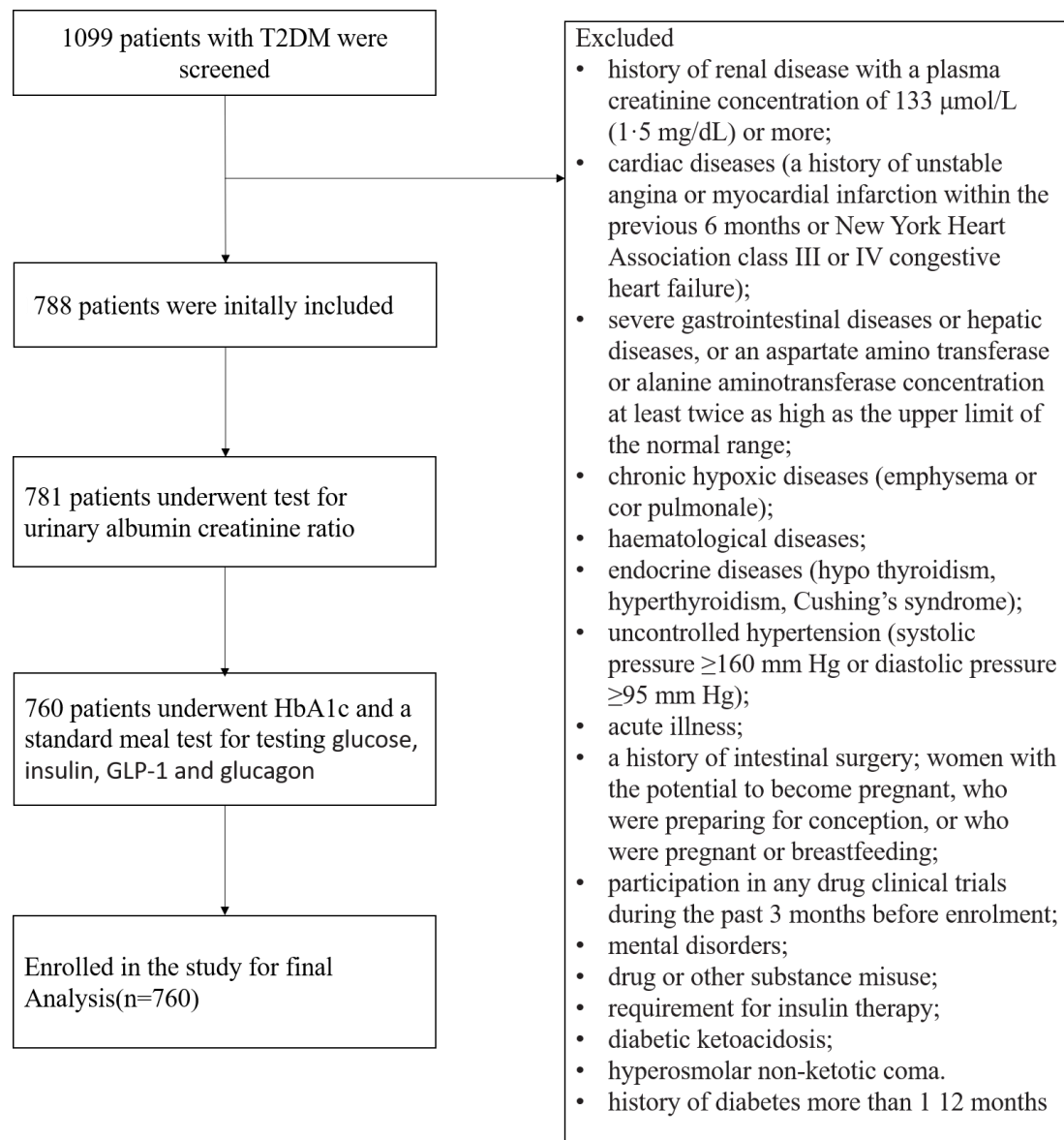
This study was reviewed and approved by China-Japan Friendship Hospital Institutional Review Board(Approval No. 2008-23). All patients provided informed consent prior to study enrollment and the trial was implemented in accordance with provisions of the Declaration of Helsinki and Good Clinical Practice guidelines.

This trial registration was registered at ChiCTR(Registration No. ChiCTR-TRC-08000231.)

Reviewer 2

As shown in Table 1, microalbumina patients also have high blood pressure (hypertension). In fact, albuminuria has traditionally been regarded as a sign of hypertensive renal damage as well. An earlier study showed that the pharmacological administration of GLP-1R (glucagon-like peptide-1 receptor) agonists reduced blood pressure (BP) in type 2 diabetes. Can this study determine the correlation between hypertension and GLP-1 levels? If possible, the authors may also discuss the role of GLP-1P-1 in cardiovascularprotection in diabetic patients.

Response: Thank you for your creative advice. We tried to find the correlation between hypertension and GLP-1 levels using Pearson's correlation analysis. But unformattable, no correlation were confirmed between systolic blood pressure or diastolic blood pressure and GLP-1 levels at each during a standard meal test in this study. Besides, There is no difference in blood pressure between patients with different GLP-1 levels.



Supplementary Figure 1 The study flowchart. T 2DM, type 2 diabetes mellitus;GLP-1, glucagon-like peptide 1.

Best regards,

Wenying Yang