

Review comments and Rebuttal

Reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors:

This study is a real-world study of SGLT-2 inhibitors that compared the clinical efficacy and safety of dapagliflozin, canagliflozin, and empagliflozin at a single clinical center. We see the benefits of SGLT-2i in lowering HbA1c, body weight, and blood pressure. At present, few studies have evaluated different SGLT-2i in clinical follow-up, and this study makes up for this deficiency. Secondly, the follow-up time is long enough and the data are more convincing, which can provide valuable reference information for clinicians. However, there are still some improvements needed in this study, and we hope to provide a reference for the authors: 1. In this study, other concomitant hypoglycemic drugs were recorded in the results.

Although the real-world study was patient-centered, clinicians were also interested in the amount of use of these three SGLT-2i drugs, which we hope to be mentioned in the study; 2. For Cardiovascular outcomes, there need to be add lipid metabolism indicators and the occurrence of major adverse cardiovascular events. The author mentioned the cardiovascular benefits in the article but described them less. 3. In Subgroup analysis, the authors mention that "only those on canagliflozin showed a statistically significant reduction of albuminuria at the latest follow up." In the discussion part of canagliflozin, the authors considered a partial association with higher baseline ACR. In fact, whether this is also related to the action of canagliflozin with SGLT1.

Answer:

Thank you for your insightful comments and positive feedback on our manuscript. We acknowledge the importance of the reviewer's point regarding 1) the dose of SGLT-2i molecules used by participants in the study – we have now amended this point (in the abstract, methods, and results sections) in the highlighted revision.

2) We have now added a paragraph in the discussion on the cardiovascular benefits and how lipid parameters can impact on CV outcomes with SGLT-2i with a new reference.

3) Albuminuria group was small in the entire cohort as we already acknowledged and that would be the reason for lack of obvious ACR improvement with agents other than canagliflozin. However, we have added new points regarding the SGLT1 inhibition by canagliflozin and its potential impact on renal outcomes with an additional reference in the discussion section and highlighted.

Hope these additional points address the concerns raised by the reviewer and improved the quality of the paper largely.

Editor's comments

Science editor:

1 Conflict of interest statement: No conflict of interest.

2 Manuscript's theme: The topic is within the scope of the journal.

3 Academic misconduct: No academic misconduct was found.

4 Scientific quality: The authors submitted a manuscript investigating the efficacy and safety of individual SGLT-2i for treating patients with type 2 diabetes mellitus. The manuscript is overall qualified.

(1) **Advantages and disadvantages:** The reviewers have given positive peer-review reports for the manuscript. Scientific Classification: Grade A; Language Quality: Grade A. This study is a real-world study of SGLT-2 inhibitors that compared the clinical efficacy and safety of dapagliflozin, canagliflozin, and empagliflozin at a single clinical center. In this study, other concomitant hypoglycemic drugs were recorded in the results. Although the real-world study was patient-centered, clinicians were also interested in the amount of use of these three SGLT-2i drugs, which we hope to be mentioned in the study.

Answer: These points are added to the highlighted revision.

(2) **Table(s) and figure(s):** There are 4 table and 5 figures, and all should be improved.

Answer: These are amended in the revision.

(3) **References:** A total of 33 references are cited, including 20 published in the last 3 years. There is 1 self-cited references of the authors. The cited references are overall sufficient and reasonable. The reviewer didn't request the authors to cite improper references published by him/herself.

Answer: New references are added to the highlighted revision.

5 Language evaluation: The English-language is Grade A (Priority publishing).

6 Medical ethics: Please provide the primary version (PDF) of the Institutional Review Board's official approval, prepared in the official language of the authors' country.

Answer: The Institutional approval letter is attached.

Please provide the primary version (PDF) of the Informed Consent Form that has been signed by all subjects and investigators of the study, prepared in the official language of the authors' country.

Answer: This is a retrospective study based on case note review and therefore, patient consent is not required.

Please provide the filled conflict-of-interest disclosure form. – Now provided online

Please provide the STROBE statement.

Answer: This statement is now added to the revised paper.

Please provide the Biostatistics Review Certificate.

Answer: The second author of the paper is a qualified statistician, and her training completion certificate is now attached.

7 Specific comments:

- (1) The key word “type 2 diabetes mellitus” is missing in the title. Please add it – *Added*.
- (2) The “Author Contributions” section is missing. Please provide the author contributions – *added*.
- (3) 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. 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. 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.;

Answer: The power point slides are now added.

- (4) Uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”.
- (5) 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.

8

Recommendation: Conditional acceptance.

Language Quality: Grade A (Priority publishing)
Scientific Quality: Grade A (Excellent)

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

I have reviewed the Peer-Review Report, full text of the manuscript, 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.

When revising the manuscript, it is recommended that the author supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply PubMed, or a new tool, the RCA, of which data source is PubMed. RCA is a unique artificial intelligence system for citation index evaluation of medical science and life

science literature. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our *RCA* database for more information at: <https://www.referencecitationanalysis.com/>, or visit PubMed at: <https://pubmed.ncbi.nlm.nih.gov/>.

Many thanks for the editors' comments. The pictures are created by the authors and ppt slides of the same are enclosed. Research highlights are also added now.