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| Scientific quality          | [ ] Grade A: Excellent | [ ] Grade B: Very good | [ ] Grade C: Good |
|                           | [ ] Grade D: Fair      | [ ] Grade E: Do not publish |

| Novelty of this manuscript | [ ] Grade A: Excellent | [ ] Grade B: Good | [ ] Grade C: Fair |
|                           | [ ] Grade D: No novelty |

| Creativity or innovation of this manuscript | [ ] Grade A: Excellent | [ ] Grade B: Good | [ ] Grade C: Fair |
|                                           | [ ] Grade D: No creativity or innovation |
SPECIFIC COMMENTS TO AUTHORS
This editorial presents a comprehensive examination of the relationship between nonalcoholic fatty pancreas disease (NAFPD) and type 2 diabetes (T2D), emphasizing the impact of ectopic fat deposition in the pancreas on β-cell function and the potential for diabetes remission through weight loss. The argument is well-structured, drawing on a broad range of studies to underscore the significance of pancreatic fat content in the pathophysiology and management of T2D. Here are both general and specific comments:

General Comments: Relevance and Timeliness: The editorial addresses a significant and timely issue, linking obesity-related complications to T2D. It contributes valuable insights into the pathophysiological mechanisms and therapeutic implications of NAFPD, underscoring the importance of weight management. Specific Comments: Abstract and Core Tip: These sections effectively summarize the key points, though the abstract could briefly mention the controversy or inconsistency in research findings on pancreatic fat and β-cell function to hint at the complexity of the subject. Introduction: The introduction clearly defines T2D remission and sets the stage for discussing the role of pancreatic fat. Incorporating the Taylor twin-cycle hypothesis offers a solid theoretical
framework. It might be beneficial to briefly discuss the physiological role of β-cells and first-phase insulin response for readers less familiar with the topic. Intra-Pancreatic Fat Deposition and β-Cell Function: This section adeptly reviews the literature, highlighting both supporting and conflicting studies on the relationship between pancreatic fat and β-cell dysfunction. Mentioning the methodological differences that might contribute to inconsistent results (e.g., MR Dixon imaging) is crucial. However, it would strengthen the argument to discuss potential mechanisms linking pancreatic fat deposition to β-cell dysfunction more explicitly. Clinical Implications: This section makes a strong case for early diagnosis and treatment, emphasizing the utility of pancreatic imaging. It might be enhanced by discussing potential challenges or limitations in implementing routine pancreatic imaging in clinical practice, such as cost, accessibility, or the need for standardized quantification methods. Conclusion: The conclusion effectively summarizes the editorial's main points and reiterates the importance of addressing T2D remission. It could be further strengthened by briefly suggesting directions for future research, such as exploring interventions that specifically target pancreatic fat reduction.