MedStar Georgetown
University Hospital

August 12, 2019

RE: Manuscript NO: 50050

World Journal of Diabetes,

Thank you for reviewing our editorial submission #50050. This letter is in response to suggested edits/changes conveyed to us via email and from the Peer Reviewers report. Starting on the next page, I have included the peer-review comments and highlighted in green the reviewers' specific instructions for edits/changes. I have highlighted in yellow our specific edits to the manuscript in response. I have also highlighted in yellow these edits in our updated manuscript. I hope this communicates clearly that we have responded to all peer review requests for edits appropriately in our updated manuscript file.

PEER-REVIEW REPORT #1

Name of journal: World Journal of Diabetes

Manuscript NO: 50050

Title: Future Technology-enabled Care for Diabetes and Hyperglycemia in the Hospital Setting

Reviewer's code: 03699916

Reviewer's country: Denmark

Science editor: Li-Jun Cui

Reviewer accepted review: 2019-07-17 05:14

Reviewer performed review: 2019-07-18 10:23

Review time: 1 Day and 5 Hours

SPECIFIC COMMENTS TO AUTHORS

This is well-structured and well–written editorial where authors focus on future directions evolving as technology-enabled supports for inpatient diabetes care delivery. This editorial will be benefit for the patients with diabetes and even for normal populations. Therefore, it is very relevant for readership in WJD. Minor comments

1, In the marked places, it is suggested to add relevant references:

"Numerous variables impact inpatient glycemic control, including: the home diabetes medication regimen and glycemic control (5); medications prescribed for acute conditions (e.g. steroids) (6); comorbidities such as acute or worsened renal failure (ref); and nutritional status (7)."

In response, we have added the following new reference #5, #6, and #7 (#7 addresses both renal failure and nutritional status):

5. Pasquel FJ, Gomez-Huelgas R, Anzola I, Oyedokun F, Haw JS, Vellanki P, Peng L, Umpierrez GE. Predictive Value of Admission Hemoglobin A1c on Inpatient Glycemic Control and Response to Insulin Therapy in Medicine and Surgery Patients With Type 2 Diabetes. Diabetes Care. 2015 Dec; 38(12): e202–e203. [PMCID: PMC4657617 PMID: 26519335]

6. Donihi AC, Raval D, Saul M, Korytkowski MT, DeVita MA. Prevalence and predictors of corticosteroid-related hyperglycemia in hospitalized patients. Endocr Pract. 2006 Jul-Aug;12(4):358-62. PMID: 16901792 DOI: 10.4158/EP.12.4.358

7. Mathioudakis NN, Everett E, Routh S, Pronovost PJ, Yeh HC, Golden SH, Saria S. Development and validation of a prediction model for insulin-associated hypoglycemia in non-critically ill hospitalized adults. BMJ Open Diabetes Res Care. 2018; 6(1): e000499. [PMCID: PMC5841507 PMID: 29527311]

2, Could authors provide links for the references of following information?

Examples include Glytec's GlucommanderTM(35) system, GlucoStabilizer ®(36) by Medical Decision Networks, and Monarch's EndoTool. ®(37)

In response, we have added the following weblinks below as references:

35. Glytec Glucommander ™ Available from: https://www.glytecsystems.com/News/glytec-s-glucommander-and-eglycemic-management-system-featured-in-five-studies-presented-at-the-american-diabetes-association-s-76th-scientific-sessions.html Accessed August 6th, 2019.

36. Glucostabilizer ® Available from: https://glucostabilizer.net/News.htm Accessed August 6th, 2019.

37. Endotool ® Available from: https://monarchmedtech.com/endotool-glucose-management/ Accessed August 6th, 2019

PEER-REVIEW REPORT #2

Name of journal: World Journal of Diabetes

Manuscript NO: 50050

Title: Future Technology-enabled Care for Diabetes and Hyperglycemia in the Hospital Setting

Reviewer's code: 00503199

Reviewer's country: Greece

Science editor: Li-Jun Cui

Reviewer accepted review: 2019-07-16 19:36

Reviewer performed review: 2019-07-19 19:00

Review time: 2 Days and 23 Hours

SPECIFIC COMMENTS TO AUTHORS

Some minor comments:

- Spell out all abbreviations in the abstract, Tables 1 and 2 (EHR)

In response, in the ABSTRACT the following abbreviations were spelled out:

Intensive Care Unit was newly spelled out.

Electronic Medical Record was newly spelled out.

Electronic Glycemic Management Systems was newly spelled out.

In response, in Tables 1 and 2 in the manuscript EHR was deleted and replaced by "electronic medical record (EMR)".

– "However, for patients wishing to use their home CGM devices in the hospital, expert consensus has articulated several important potential safety concerns, [18]" Please provide the most important safety concerns

In response, we have added to the manuscript the text highlighted in yellow to the relevant paragraph:

However, for patients wishing to use their home CGM devices in the hospital, expert consensus has articulated several important potential safety concerns including the accuracy of CGM data when acute physiologic disturbances are present (i.e. hypoxemia, vasoconstriction, and rapidly changing glucose levels in diabetic ketoacidosis) as well as concerns over correct CGM data interpretation by non-Endocrine inpatient care providers, [18] and as a result, routine use of patient-generated CGM readings to guide inpatient insulin prescribing is not currently recommended.

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