Reviewer 3

The authors have produced a recent series of systematic reviews considering dietary patterns in populations of, or those inclusive of, adults with diabetes. The current paper is a necessary synthesis of these reviews so to inform dietary guidelines for diabetes management. The authors have done an excellent job in their introduction, methods, and results. As such, I have very few comments, all minor and primarily of a clerical nature regarding these components of the manuscript.

My only comments of substance for these parts of the manuscript are: (1) to ask if the authors considered meta regression analyses to be able to comment on differences in outcomes between the dietary patterns. This would introduce a new element to this summary paper, although I recognize this may have been considered, tested, and decided against based on the amount and reliability of the data that are available. And (2) should the comparison diets be discussed and considered in relation to the findings from the controlled trials?

We did do meta-regression and have added this information in the methods. However, it was not significant and did not result in any upgrades, and therefore was not discussed. We have also added in a description of subgroup analyses by comparator (comparison diets) which were not significant in the SRMAs in which we were able to do subgroup analyses (>=10 studies).

Minor comments on content before the discussion:

On line 87 would it not be more correct to state that 'each review protocol was registered at ClinicalTrials.gov', with the word study ambiguous.

Thank you for your suggestion. We agree and have made this edit.

The figures presented in this manuscript require standardization, although for some issues it may just be how they look when loaded into the journal's submission portal. Figure 1C shows additional criteria not found in the other figures that would lead to an upgrade or downgrade of evidence. Could they be removed? Figure 2A and 2C are not graded, the forest plots of figure 2C and 2D do not have Y axis, and many of the point estimates of 2E do not have confidence intervals.

Thank you for pointing this out. We have unified the formatting of the figures as much as possible and have added the GRADE information in Figures 2C and 2E. Unfortunately, we are not able to add the GRADE assessment to Figure 2A, because the GRADE system was not used in this study and the information is not available. However, we believe that this study still represents a valuable contribution to the evidence and would like to keep it in the manuscript in its present form. The y axis and the confidence intervals have been included in all figures. The confidence intervals in Figure 2E are fairly narrow. Please note that we have no control over the formatting of the tables by the journal editorial office upon submission. Therefore, we ask you to kindly look at the figures provided at the end of the manuscript.

Furthermore, for readers not familiar with GRADE I wonder if it would be helpful to use an up or down arrow instead of a filled square when indicating a change in evidence rating due to the risk of bias, inconsistency, indirectness, imprecision, or dose response.

Thank you for pointing this out. We have added the up and down arrows, indicating the change in evidence.

I think the discussion could be modified to better inform the reader.

4.1 There is useful content on lines 384-399 that may be better placed within this summary of main findings.

We absolutely agree with you and have moved this section to be discussed with our main findings. Thank you.

4.2 does not currently relay much useful information, findings from the author's recent series of systematic reviews are not compared with the results of previous reviews that are now superseded. If there were changes in the direction of findings between these reviews and those of the past, that would be important to know. If there are not changes, the current authors present the most up-to-date information available utilizing more data than previous works. This is also important to know. This section may also be an appropriate place to contrast the dietary pattern data with recent food group data from authors such as Schwingshackl, Aune, and Reynolds. That patterns are based on food groups, and that there is consistency between food groups and patterns in the literature is an important addition to this discussion.

Thank you for your suggestion. We agree and have added the comparison with previous reviews, as well as the recent food group literature in the discussion.

4.3 could be better tailored to consider the mechanisms supporting why adhering with these dietary patterns would produce the observed effects. Line 332 -333 appears to be an obvious place to refer to a recent systematic review of dietary fibre in human health. Greater satiety reducing dietary intake is a further a mechanism that could be discussed. Lower intakes of saturated fats is not a mechanism in itself, but its role in reducing atherosclerosis would be. The specific role of plant protein beyond total protein (controlling for other dietary components such as saturated fat and sodium), and low glycemic index foods (controlling for other dietary components such as dietary fibre) in a wide range of cardiometabolic risk factors would need to be much better supported by references to relevant literature to be included in this section. Mechanisms currently attributed to only the Portfolio diet could be discussed in the context of those common food groups emphasized by all patterns. Given that this article is a synthesis of the recent systematic reviews, a comparison of the similarities between patterns in terms of the foods promoted or discouraged is necessary.

Thank you for this comment. We have expended the section on potential mechanisms and have added more references.

4.4 Limitations should relate more broadly to your processes and findings, and not be specific to GRADE. Current limit 1 and 4 seem appropriate with some further specificity on what outcomes had confidence intervals that included harm. If the authors identified limitations within each systematic review, such as participant adherence in RCTs or potential variability in the health outcomes from patterns due to differences in food processing, this may also be identified as limitations and discussed to better inform the reader.

Thank you for your comment. We have identified more limitations that relate specifically to analyzing each dietary pattern, which will better inform the reader.

4.5 text on lines 384-399 does not relate to implications. Much of the rest of the text is very good, however please consider an acknowledgement and additional discussion that while dietary patterns are clearly important, they fit within a lifestyle that ultimately impact diabetes risk and management.

Thank you for bringing up this important consideration, which we have added in the discussion.

General comments on discussion wording:

Line 276 suggest rephrase

Line 289 suggest increase clarity of phrasing (inclusion into what?)

Line 290-291 suggest rephrase

Thank you for your suggestions on wording. We have rephrased the suggested lines.

Only a small suggestion to consider in the conclusion. Is the phrase ‘more research is needed to improve of certainty in the estimates’ relevant for all your patterns and all your findings, or if this may be removed so that the reader may focus on your targeted comment for RCTs on the Portfolio and liquid meal replacement diets?

Thank you for pointing this out. This has been clarified.