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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 75346

Title: Clinical trial

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04096170
Position: Editorial Board
Academic degree: Doctor, MD, PhD

Professional title: Chief Physician, Director, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Sweden

Manuscript submission date: 2022-01-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-29 02:24

Reviewer performed review: 2022-01-29 02:51

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [Y] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This unblinded clinical study compared the application of the two devices in chronic kidney disease, although preliminary conclusions were reached. However, it relies on subjective index evaluation, which is lack of credibility and innovation.

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Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 75346

Title: Clinical trial

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05347361
Position: Peer Reviewer
Academic degree: MD

Professional title: Associate Professor, Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Sweden

Manuscript submission date: 2022-01-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-07 08:19

Reviewer performed review: 2022-02-13 14:35

Review time: 6 Days and 6 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
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statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors tried to assess the accuracy of Dexcom-G5 and Freestyle Libre tested simultaneously in persons with type 1 or 2 diabetes and advanced chronic kidney disease (CKD). This paper is well organized and may provide useful information about clinical experience of continuous glucose monitoring (CGM) in diabetic patients with advanced CKD. There are several methodological concerns and I wrote some comments below: 1. Methods a) This study was designed prospectively. However, there is no information on how 40 patients were included in this study. If it is a pre-planned number, please provide evidence more in detail. b) Please provide a detailed information of inclusion & exclusion criteria in this study, especial exclusion criteria. c) When abbreviations used, they should be defined where first used, followed by the abbreviation in parentheses. e.g., "FAS" in "Abstract - Methods". d) It's better to clarify how to calculate MAD and MD. 2. Results a) The study included 40 participants, 33 met the criteria for data analysis, please tell the reasons for exclusion of the other 7 participants. b) In sub-group analyses, MARD and MAD were significantly different between Dexcom-G5 and Freestyle Libre test, could you please provide grouped results by type of diabetes? c) How to define patients as glucose ranges below 3.9 mmol/l, between 3.9 and 10 mmol/l or above 10 mmol/l ? 3. Table 2 Generally, normally distributed variables are expressed as means ± SD and/or means (95% CIs). Other skewed distributed variables are expressed as medians (interquartile ranges). Why variables in table 2 expressed in such ways? 4. Discussion Earlier studies with similar methodology have shown that the Freestyle libre had a MARD of 13.2% in type 1 diabetes. But in this study, the MARD seemed to be much higher (20.9%) in patients with CKD, what could be the possible mechanism?

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