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Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Diabetes

Ms: 3175

Title: Diabetic nephropathy: treatment with phosphodiesterase type 5 inhibitors.

Reviewer code: 00503187

Science editor: h.h.zhai@wjgnet.com

Date sent for review: 2013-04-12 11:36

Date reviewed: 2013-05-12 14:31

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

In this review Thomson describes the use of phosphodiesterase type 5 (PDE5) inhibitors as potential treatment for diabetic nephropathy. There are a couple of issues that should be corrected prior to publication.

1. On page 3 in sentence 'Treatment of DN has focused on the integrated control of dyslipidaemia, glycaemia...'. Replace 'glycemia' with 'hyperglycemia'.
2. On page 4 it is mentioned that PDE5 expression is abundant in the kidney based on reference 27. Is it known in which cells PDE5 is expressed, especially in the glomeruli? This would be essential information given that the review concentrates on the use of PDE5 inhibitors to treat diabetic nephropathy that is primarily a glomerular disease.
3. In paragraph 'Angiotensin II' the author mentions that the AT1 receptor is mainly expressed in the smooth muscle cells. The author should describe the expression of AT1 receptor in more detail in the glomeruli, as angiotensin II is important also in the regulation of podocyte function.
4. Word 'breakdown' is a noun, and in several places throughout the text should be replaced with a verb.



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ESPS Peer-review Report

Name of Journal: World Journal of Diabetes

Ms: 3175

Title: Diabetic nephropathy: treatment with phosphodiesterase type 5 inhibitors.

Reviewer code: 00151848

Science editor: h.h.zhai@wjgnet.com

Date sent for review: 2013-04-12 11:36

Date reviewed: 2013-05-13 20:10

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

CS Thomson reviews the subject of diabetic nephropathy and phosphodiesterase type 5 inhibitors. I have the following suggestions: 1. Abstract Make it explicit that studies so far are preclinical and that no clinical data are available. Indicate whether clinical trials are underway. 2. A section on the pharmacology of inhibitors of phosphodiesterase type 5 (PDE 5) would be welcomed, including a figure of the mechanism of action and information on the commercially available formulations, clinical indications and clinical experience with long term use, 3. I would suppress the Serum creatinine section, since more detailed information is derived from clearance studies presented in the next section. 4. I would summarize the experimental data in a table that includes the following information Experimental model Drug Length of follow-up Parameters assessed Significantly different parameters (indicate value and p) Reference 5. I would add a section of perspective for clinical use of the drugs for this indication. Are RCT underway? What is known about the modulation of the different parameters mentioned (BP, serum creatinine, albuminuria, renal function) in patients taking the drugs for non-renal indications? What about potential interactions with drugs frequently prescribed in these patients? Side effects of chronic use?