

PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

Manuscript NO: 33310

Title: Neutral protamine hagedorn/regular insulin in the treatment of inpatient hyperglycemia: Comparison of 3 basal-bolus regimens

Reviewer's code: 02476743

Reviewer's country: China

Science editor: Fang-Fang Ji

Date sent for review: 2017-02-07

Date reviewed: 2017-02-14

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The Authors propose the randomized controlled trial for neutral protamine hagedorn (NPH) and regular insulin in the treatment of inpatient hyperglycemia. The study designs and methods used are basically appropriate, and the interpretations of the results are reasonable. However, there are several areas where the manuscript needs to be strengthened. 1. Why no controlled group was used in this study? 2. Please estimate the final power in this study. 3. More discussion regarding the policy implications of their findings would be important for the use of methodology in health policy making. 4. The repeated measurements should be better than ANOVA or Kruskal Wallis test in this study. Totally, I would like to congratulate the authors for the enthusiasm invested in this study. However, the manuscript does not reach the level of quality required for publication as original article without major revision in World Journal of Diabetes.

PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

Manuscript NO: 33310

Title: Neutral protamine hagedorn/regular insulin in the treatment of inpatient hyperglycemia: Comparison of 3 basal-bolus regimens

Reviewer's code: 03490863

Reviewer's country: Russia

Science editor: Fang-Fang Ji

Date sent for review: 2017-02-07

Date reviewed: 2017-02-19

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

In this single center, open-label, randomized, parallel comparative study DZ Quintanilla-Flores et al. the safety and efficacy of 3 basal-bolus regimens of neutral protamine Hagedorn (NPH)/regular insulin in internal medicine patients admitted to a university hospital. This is an interesting and potentially important study. The results could be useful for clinical decision making. However, due to methodological issues, the manuscript cannot be recommended for publication in WJD without some major and minor revisions. Major revisions 1. To assess the correctness of the conclusions more detailed information about the included patients should be provided. Which oral antidiabetics had been used before and during the study in each group? What kind of infections had the patients? How much subjects with sepsis were included? What was the prevalence of diabetic complications in each treatment group? 2. As it is shown in Table 2, patients in the once-daily regimen had a shorter duration of diabetes ($p=0.01$) and were less prone to insulin use before hospitalization ($p=0.01$). The proportion of

patients with unknown history of diabetes was substantially greater in this group as compared to others ($p=0.01$). In once-daily regimen group only, none of the patients received combined treatment with insulin and oral antidiabetics prior to hospitalization. Besides, proportion of patients with neoplasm was larger, and proportion of patients with infections was smaller in this group. Rate of hypoglycemia tended to be higher, meantime insulin dose at the event was lower in once-daily regimen group (Table 4), indicating greater insulin sensitivity. These features may explain the better glycemic response and lower insulin dose in once-daily regimen group. Obviously, the differences in characteristics of the patients have not been overcome by randomization. This limitation needs to be explained. The main conclusion of the study ("A basal-bolus regimen of insulin NPH given once-daily together with regular insulin resulted in better glycemic control with similar rates of hypoglycemia and lower insulin requirements in non-critical hospitalized patients") seems to be inappropriate and should be reviewed. 3. The median duration of treatment was 6 (2-14) days, and the median hospital stay was 8 (2-36) days. A short period of treatment may not be sufficient for titration of insulin dose and achieve of glycemic target in some patients. Short follow-up should be clearly mentioned as a limitation of the study in Discussion section. 4. Abstract is needed to be much more comprehensive. Type of diabetes in included patients should be specified. Minor revisions 1. There are some grammatical mistakes throughout the text. 2. Table 3 and 4 headers should be clarified.

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Name of journal: World Journal of Diabetes

Manuscript NO: 33310

Title: Neutral protamine hagedorn/regular insulin in the treatment of inpatient hyperglycemia: Comparison of 3 basal-bolus regimens

Reviewer's code: 03648962

Reviewer's country: Pakistan

Science editor: Fang-Fang Ji

Date sent for review: 2017-02-07

Date reviewed: 2017-02-21

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is an overall good quality article. Though it requires thorough English editing and rephrasing.