

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Diabetes

**Manuscript NO:** 57826

**Title:** The Association Between Restrictive Pulmonary Disease and Type 2 Diabetes in Koreans : A Cross-sectional Study

**Reviewer's code:** 03460306

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2020-06-25

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-06-25 08:56

**Reviewer performed review:** 2020-06-25 12:28

**Review time:** 3 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

In this study, Lee et al. examined the association between pulmonary function and T2DM in Korean population. Using the data from the national survey, they included 2830 subjects in this analysis. Spirometry results were categorized into normal, restrictive (RPD) and obstructive disease (OPD). Simple and multivariate analyses showed that RPD, not OPD, was associated with T2DM independent of various confounders. The study was conducted properly and the relatively large sample was a strength of the study. There are several comments. 1. There was a significant association between RPD and T2DM. However, association between RPD and IFG was weak or null. This suggests that RPD is not a cause of T2DM but rather consequence of T2DM. This point should be discussed more precisely. 2. In this study, the proportion of IFG seemed too high. The reason should be explained and discussed. 3. Were there any patients with FEV1/FVC <0.7 and FVC <80%? How were they classified? 4. Page 4. Meaning of the sentence "In the relationship between T2DM and pulmonary disease, there is a theory that an increase in the inflammatory response derived from obesity causes insulin resistance and increases the risk of cardiovascular disease associated with obesity[12]." was not clear. This sentence should be revised. 5. Abstract. RPD and OPD should be spelled out in their first appearances. 6. Terms "RPD", "OPD", "restrictive pattern" and "obstructive pattern" should be unified into "RPD" and "OPD" throughout the manuscript. 7. The manuscript should be edited by a native English speaker.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Diabetes

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**Title:** The Association Between Restrictive Pulmonary Disease and Type 2 Diabetes in Koreans : A Cross-sectional Study

**Reviewer's code:** 05040445

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2020-06-25

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-07-01 17:41

**Reviewer performed review:** 2020-07-01 19:12

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

The author mainly investigated the association between restrictive pulmonary disease and Type 2 Diabetes in Koreans, and got a conclusion about RPD, not obstructive pattern, is highly relevant to T2DM. The topic itself is interesting, I have the following comments:

1. The data is from the Korea National Health and Nutrition Examination Survey, please depict more detail about the include and exclude criteria. for example, except for diabetes and pulmonary diseases, what about other diseases? and even people with RPD or OPD, what about the disease duration and treatment state? what about the diabetes treatment state? did they ever accept any drugs? 2. The SD for blood pressure, FBG et al. are so small, are the authors sure about they are SD? 3. The analysis is relatively simple and could not be get a good conclusion. I suggest the author check some correlations between FEV1, FVC with diabetes related index such as HOMA-IR, FBG, FIn, BMI, WC et al in the total population. And then do some regression test to see if FEV1 is a risk factor for T2DM. 4. it's hard to get the conclusion from what the author did. 5. In the discussion part, please add some potential mechanisms how pulmonary patient as risk to T2DM. all the mechanism the authors currently gave were all about those risk factors established in the development of T2DM, such as HOMA-IR, accumulation of fat in the abdominal cavity, WC and BMI. All these are certain risk factors for T2DM, one can't say because RPD patients had higher of these index, and the RPD patient at high risk of T2DM. 6. The whole result part and part of the discussion need complete revise.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Diabetes

**Manuscript NO:** 57826

**Title:** The Association Between Restrictive Pulmonary Disease and Type 2 Diabetes in Koreans : A Cross-sectional Study

**Reviewer's code:** 00227350

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Full Professor, Professor

**Reviewer's Country/Territory:** Trinidad and Tobago

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2020-06-25

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-06-26 23:54

**Reviewer performed review:** 2020-07-05 15:10

**Review time:** 8 Days and 15 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

It is an interesting study. Abstract Authors mentioned that the data was obtained from Korea National Health and Nutrition Examination Survey Is it from hospital patient records?. It is important to mention the p value to show the significance Please justify for using multivariate logistic regression analysis, How the HOMA-IR, HOMA-beta, HbA1c, and fasting insulin. Is it a routine practice of performing these these tests on all the patients Methodology All the antropometric variables were done freshly or collected from the survey data? So explain in detail in the methodology about these parameters Results Why other statistical methods were not done to see the association of diabetes, restrictive and obstructive pulmonary disease? Express in mean plus or minus SE or p value to show the significance in association Discussion use some recent literture review to explain the about the work and its connection with other similar work Table 1 and 2: the units for lipid profile missing Table 2: typographical error: driking water should become drinking water

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's code:** 03460306

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2020-06-25

**Reviewer chosen by:** Han Zhang

**Reviewer accepted review:** 2020-08-15 07:31

**Reviewer performed review:** 2020-08-15 07:44

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The authors have responded to the comments properly.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Title:** The Association Between Restrictive Pulmonary Disease and Type 2 Diabetes in Koreans : A Cross-sectional Study

**Reviewer's code:** 05040445

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** South Korea

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**Reviewer chosen by:** Han Zhang

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<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS



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Thanks the authors have addressed most of my comments. My further comments are as follow: 1. I think the first paragraph of the introduction part should focus on the changes of lung function in T2DM instead of the disadvantages of T2DM, which is almost well known to everyone. 2. The conclusion of this study was that restrictive pulmonary function, not obstructive, is highly relevant to T2DM regardless of the risk factors of various T2DMs that can be mediated or confused. however, the author said in their response to reviewer, that T2DM is the cause, not the result of the RPD. It is confused and please clarify the relationship. 3. I really suggest that the author should colored those part they revised. 4. It is better to have some subtitle for the result part. 5. I didn't find the tables in the download file