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## PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

Manuscript NO: 67240

Title: Cardiovascular benefits from SGLT2 inhibition in type 2 diabetes mellitus patients

is not impaired with phosphate flux related to pharmacotherapy

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05212153 Position: Peer Reviewer

Academic degree: MD, PhD

**Professional title:** Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: United States

Manuscript submission date: 2021-04-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-05 09:15

Reviewer performed review: 2021-05-10 23:48

**Review time:** 5 Days and 14 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [Y] Anonymous [ ] Onymous

statements

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

## SPECIFIC COMMENTS TO AUTHORS

Throughout reading, I felt this review manuscript focusing on Dear Authors phosphate was very interesting and written well. It is well known that SGLT2i have multimodal effects, lowering blood pressure, cardiorenal protection as well as lowering glucose effect. You should add the effect of SGLT2i on RAAs handling electroytes to your manuscript and should mention how administration of SGLT2i leads the change of phosphate, calcium ion and other electrolytes serum and urine concentration level in a real-world observational study. There is a tendency toward increase in sodium and chloride in a normal range.Remarkably, administration of SGLT2 does not reduce celluarwater. To our best knowledge, there exists a few reports featuring adrenocorticotropic hormone and serum electrolytes. In particular ,I recommend that you, referring to literature as mentioned below, discuss about renin and aldsteron in your manuscript. Is it OK with me on condition that it would be completed as pointed out. Looking forward to hearing good news. Best regards, Toshihiro Higashikawa Recommended Articles(add No1 $\sim$ 3 to your manuscript 1.Higashikawa T, Ito T, Mizuno T, et al. The effects of 12-month administration of tofogliflozin on electrolytes and dehydration in mainly elderly Japanese patients with type 2 diabetes mellitus. The Journal of international medical research. 2018;46(12):5117-5126. 2. Higashikawa T, Ito T, Mizuno T, et al. Effects of Tofogliflozin on Cardiac Function in Elderly Patients With Diabetes Mellitus. Journal of Clinical Medicine Research. 2020;12(3):165 3.Schork A, Saynisch J, Vosseler A, et al. Effect of SGLT2 inhibitors on body composition, fluid status and renin-angiotensin-aldosterone system in type 2 diabetes: a prospective study using bioimpedance spectroscopy. Cardiovasc Diabetol. Apr 5 2019;18(1):46.-171.



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