

## PEER-REVIEW REPORT

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

**Manuscript NO:** 84423

**Title:** The predictive value of the combined detection of Hb<sub>c</sub>, mALB, mALB/U-CR, U-CR,  $\beta$ 2MG and RBP in diabetic retinopathy

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06058812

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2023-03-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-04-01 12:12

**Reviewer performed review:** 2023-04-06 09:03

**Review time:** 4 Days and 20 Hours

Scientific quality	<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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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

Diabetic retinopathy (DR) is an irreversible blindness-causing disease that lacks of effective early diagnosis and treatment. Here, Song et al. demonstrated the predictive role of the combined detection of mALB, mALB/U-CR, U-CR,  $\beta$ 2MG and RBP in DR. Moreover, the authors found that the disease duration, HbA1c, mALB,  $\beta$ 2MG, RBP, mALB/U-CR and U-CR were risk factors for the development of DR. In general, this study is instructive, and the experimental methods and data can support the conclusion of this paper very well. I have only two minor concerns about this paper: 1) Since glycated hemoglobin A1c (HbA1c) in the PDR group is higher than that in the NPDR and NDR groups ( $P < 0.05$ ), why HbA1c is not a predictive factor of DR? 2) The authors have demonstrated that the combination of mALB, mALB/U-CR, U-CR,  $\beta$ 2MG and RBP has predictive value for proliferative DR. So, how much of the accuracy rate was increased using all these factors compared with that of using only one factor? 3) This paper should be polished before publishing.

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**Peer-review model:** Single blind

**Reviewer's code:** 06519529

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Research Scientist

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

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

**Manuscript submission date:** 2023-03-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-03-30 03:00

**Reviewer performed review:** 2023-04-07 09:01

**Review time:** 8 Days and 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<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

In this retrospective study, the authors aimed at exploring the value of mALB, mALB/U-CR, U-CR,  $\beta$ 2MG and RBP in early detection of Diabetic retinopathy (DR). The authors used observation indicators and correlation analysis to verify the hypothesis of them. The results showed that the levels of mALB,  $\beta$ 2MG, RBP, mALB/U-CR, and U-CR in the PDR group were higher than those in the NPDR and NDR groups ( $P < 0.05$ ), and the difference was statistically significant. So, in my opinion, this study is well-written. The experimental design is reasonable, and the results reflects the conclusion as well. I recommend its acceptance after the minor revision. The detailed comments are: -a. The authors have showed that the combination of mALB,  $\beta$ 2MG, RBP, mALB/U-CR, and U-CR can be used to predict the progression of DR, my point is, can we use one or some of these factors to realize the same goal to simplify the diagnostic procedure? -b. I have noticed that HbA1c in the PDR group is higher than that in the NPDR and NDR groups, how about use it as a d diagnostic basis of DR?