



## PEER-REVIEW REPORT

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

**Manuscript NO:** 88821

**Title:** Serum tumor markers expression (CA 199, CA 242, and CEA) and its clinical implications in type 2 diabetes mellitus

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

**Peer-review model:** Single blind

**Reviewer's code:** 06519581

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Research Associate

**Reviewer's Country/Territory:** United Kingdom

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

**Manuscript submission date:** 2023-11-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-11-08 08:27

**Reviewer performed review:** 2023-11-14 08:52

**Review time:** 6 Days

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 Grade E: Do not publish |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



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| <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<br><input type="checkbox"/> Grade D: No scientific significance   |
| <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)<br><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 topic of this work is interesting. Epidemiological studies have shown that the risk of certain malignancies, including hepatoma, hepatocellular carcinoma, colorectal cancer, and bladder cancer, is elevated in patients with T2DM. However, the correlation between their expression levels and blood glucose levels in T2DM patients is unknown. I would like to thank the authors for their efforts in evaluating serum tumor marker expression (CA199, CA242, and CEA) in T2DM and its clinical implications. It is well written and highly interesting. The study is well designed and presented with optimal analysis, discussion, tabulation and graphic display of data. Thank you for giving opportunity to review this study. However, the following points must be considered before publication. In my opinion, the background is too simple, and I recommend providing more evidence that diabetes boosts specific serum tumor markers. Also, the conclusion section needs to be more explicit. Besides, this study identified that HbA1c and FBG correlate with CA199, CEA, and CA242. Incorporating routine CA199, CEA, and CA242 assessments in patients with T2DM care might provide clinicians with valuable insights, aiding in therapeutic decisions, especially for those struggling with



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blood sugar management. I suggest that it could be published early on WJD.



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

**Peer-review model:** Single blind

**Reviewer's code:** 06519532

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

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

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

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

**Manuscript submission date:** 2023-11-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-11-10 07:19

**Reviewer performed review:** 2023-11-14 10:27

**Review time:** 4 Days and 3 Hours

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



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| <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<br><input type="checkbox"/> Grade D: No scientific significance   |
| <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)<br><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 authors of this study aimed to investigate the CA199, CA242, and CEA expression in T2DM and its clinical implications. To do this, they analyzed the level of FBG, tumor markers (CA199, CEA, and CA242), HbA1c, and other metabolic indicators in 82 T2DM patients and 51 individual who underwent health examinations at their hospital. For diagnosis accuracy, they used the receiver operating curve (ROC) curve to test tumor markers in patients with high HbA1c (>9%). The methods of data analysis are very clear, and the results are presented well. The manuscript is written clearly and I do agree with them about the limitations of retrospective studies. However, some issues have to be addressed: 1. How are the expected differences in tumor markers determined between patients with T2DM and controls? 2. The main inclusion criteria also need to be listed, for example, the age range of enrollment, etc. Thank you for giving the opportunity to review this manuscript.