

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 26320

Title: Gestational diabetes mellitus: Screening with fasting plasma glucose

Reviewer's code: 00506304

Reviewer's country: Thailand

Science editor: Fang-Fang Ji

Date sent for review: 2016-04-06 16:50

Date reviewed: 2016-04-09 21:16

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 checked="" 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 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input 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 editorial article, Agarwal discusses the benefit of fasting plasma glucose (FPG) measurement for screening of gestational diabetes mellitus (GDM). Normally, the diagnosis of GDM requires 2 h, 75-g oral glucose tolerance test, but a reliable screening test is necessary for reduction of time and cost. FPG is one of the promising candidates for GDM screening, and FPG in early pregnancy may be predictive for GDM in late pregnancy. However, FPG is probably more appropriate to rule out GDM. In general, this article is comprehensive and covers most aspects of GDM screening. It may be helpful if a brief information regarding the pathogenesis of GDM as well as a diagram showing a practice guideline of GDM screening are added in the article.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 26320

Title: Gestational diabetes mellitus: Screening with fasting plasma glucose

Reviewer's code: 00233953

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2016-04-06 16:50

Date reviewed: 2016-04-22 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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input 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 type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Interesting topic However, the manuscript is far to long and should be reduced by 1/2

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 26320

Title: Gestational diabetes mellitus: Screening with fasting plasma glucose

Reviewer's code: 02446088

Reviewer's country: South Africa

Science editor: Fang-Fang Ji

Date sent for review: 2016-04-06 16:50

Date reviewed: 2016-04-28 15:43

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 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		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Comments 1. P3 Para 1 Clearly define type 1 and type 2 diabetes to differentiate them from GDM. 2. P4 Para 1 There should be a drive for consensus on GDM screening and diagnosis. State which guidelines are best suited globally given accuracy, cost and practical considerations. 3. P4 Para 2 Briefly define fasting glucose, fructosamine and HbA1c in the context of screening. 4. P5 Para 2 Briefly discuss new developments or future directions e.g. are biomarkers specific to GDM being identified and validated? 5. P6 Para 3 The risk factor profiles prior to screening, followed by glycemia testing should be commented on. 6. P6 Para 4 Comment on the feasibility of OGTTs prior to pregnancy, for the first, second and/or third trimester in high risk women. Despite the practicality and additional costs, early diagnosis may lead to better outcomes for the mother and child. 7. For glucose load, dosages could be more accurate e.g. based on body weight and metabolic rate. Briefly comment. 8. List some warranted improvements for OGTTs as a test given its limitations. For example, in high risk women, measuring insulin during OGTTs could determine insulin resistance in the women in the absence of GDM. These women may have GDM in future pregnancies. 9. A deliverable of this review should be more lucid guidelines or a framework on GDM screening and



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diagnosis in the context of the existing literature and practices. Other comments P5 Para 1 perfect to perfect P6 Para 1 rephrase P7 Para 1 Amend as this is conflicting and has some repetition. P9 Standardized procedures and customization to ethnicity can improve reproducibly. P11 mg/dl convert to mmol/l P15 Para 2 What were the relative costs? Table 1 Delete Currently vogue Table 2 FPG screening tests Table 3 Revise title

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 26320

Title: Gestational diabetes mellitus: Screening with fasting plasma glucose

Reviewer's code: 02951290

Reviewer's country: Croatia

Science editor: Fang-Fang Ji

Date sent for review: 2016-04-06 16:50

Date reviewed: 2016-05-02 03:17

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" 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 checked="" type="checkbox"/> High priority for publication
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		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This manuscript represents a comprehensive and ultimately competent review of the most important issue regarding possibility to screen for gestational diabetes with fasting plasma glucose (FPG). However, few important issues regarding FPG might be mentioned in order to achieve "the understanding of all the caveats, crucial to be able to use FPG for investigating glucose tolerance in pregnancy", as stressed in the Abstract (these should be regarded as minor remarks): - preanalytical variability of plasma glucose, which can seriously compromise screening/diagnostic performance if rigorous and often impractical sample processing procedures are strictly followed. - critical appraisal of glucometer use for the GDM screening purpose, particularly regarding analytical (in)accuracy and reproducibility (lot-to-lot variability of test-strips). - biological variability of FPG, another underestimated problem in GDM diagnosis/screening based on a single cut-off approach. Technical remarks - there are few typesetting errors and duplicate words within the same sentence. - HbA1c is incorrectly abbreviated as HBA1c throughout the text.