PEER-REVIEW REPORT

Name of journal: *World Journal of Diabetes*

Manuscript NO: 82716

Title: Long-term quality-of-care score for predicting the occurrence of acute myocardial infarction in patients with type 2 diabetes mellitus

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03674017

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Taiwan

Manuscript submission date: 2023-01-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-10 11:35

Reviewer performed review: 2023-01-10 15:30

Review time: 3 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Quality of care is critical in daily practice for type 2 daibetes. This retrospective study indicated the association between quality of care and long-term acute myocardial infarction. The finding is not surprising, but it calls for an improvment and surveillance of daily care for people living with type 2 diabetes.   Nevertheless, there are some concerns regarding the study.   1. The study included patients from 1997 to 2011, and the follow-up duration ends at 2011. Since the therapeutic strategy evolves greatly in the past decades, does the finding remain applicable in 2023?   2. Guidelines vary across countries, was the Italy-based score validated in Taiwan, China?   3. Parameter variability, especially for fasting glucose and HbA1c, is the main contributor for quality of care on adverse outcomes (Diabetes Care 2019, 42, 514–519). Mediator analysis could be helpful in detecting the relationship between HbA1c variability, quality of care and cardiorenal outcomes in the current study (J Clin Med. 2022;11(22):6692; Chin Med J (Engl). 2022;135(19):2294–2300) in company with deep discussion.   4. The crude ORs could be removed from the tables and results.

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Present study developed a long-term quality-of-care score for predicting the occurrence of AMI among patients with type 2 DM, helping professionals to provide better care for patients. However, the cohort study shall be more referential by answering the following questions. First of all, the incident cases were chosen between 1999 to 2003, which has passed about 20 years. So is the conclusion of this paper still instructive for current cases? Is there any possibility that the authors could use more recent data or expand the number of samples? Secondly, present study aimed to construct a summary quality-of-care score with process indicators, intermediate outcome indicators, and co-morbidity of hypertension, but failed to explain the relationship between them. Could the authors provide some formulas or other methods to explain the specific relationship between the "quality-of-care score" and other indicators? Finally, although present article had been revised by a native English speaker, the authors should pay more attention to the format of the text and references.