PEER-REVIEW REPORT

Name of journal: *World Journal of Diabetes*

Manuscript NO: 91018

Title: Correlation of periodontal inflamed surface area with glycated hemoglobin, interleukin-6 and lipoprotein(a) in type 2 diabetes with retinopathy

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07906998

Position: Peer Reviewer

Academic degree: MD

Professional title: Postdoctoral Fellow, Research Fellow, Researcher

Reviewer's Country/Territory: United States

Author's Country/Territory: India

Manuscript submission date: 2023-12-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-12-20 12:58

Reviewer performed review: 2023-12-23 18:40

Review time: 3 Days and 5 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
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	[ ] 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) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In this article, the authors show that even though both groups of patients showed similar levels of poor glycemic control and dental plaque, the group with diabetic retinopathy (DR) had higher rates of periodontal and inflammatory issues than those with type 2 diabetes mellitus (T2DM) without DR. The existence of DR might be exacerbating the intensity of periodontal breakdown, and conversely, periodontitis might be worsening the DR condition. The authors concluded that implementing thorough periodontal treatment may assist in better glycemic management and potentially curb the advancement of DR. Specific comments: 1. Please specify examples of macrovascular complications 2. Please stick to the abbreviations used. Once started with an abbreviation, continue using it. Example: Diabetic retinopathy: DR 3. Please comment on the difference in duration of T2D in each group of patients? This might be contributing to the results. 4. Please comment on the difference in mean Hba1c at the time of study for both groups? 5. Can the authors control for baseline differences (duration of DM, HbA1c…) through a multivariate logistic regression to evaluate what factors remain significant in this study? 6. Why was retinopathy chosen out of the other microvascular

diseases? Was there any specific reasoning? 7. The limitation section is weak. Please add more limitations of the study.

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Peer-review model: Single blind

Reviewer's code: 02627243

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Poland

Author's Country/Territory: India

Manuscript submission date: 2023-12-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-12-26 11:24

Reviewer performed review: 2023-12-29 20:54

Review time: 3 Days and 9 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
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SPECIFIC COMMENTS TO AUTHORS

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? YES 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? YES 3 Key Words. Do the key words reflect the focus of the manuscript? YES 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? YES 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? YES 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? YES 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? YES - FURTHER REMARKS - SEE BELOW 8 Illustrations and tables. Are the figures, diagrams, and tables sufficient, good quality and appropriately illustrative, with labeling of figures using arrows, asterisks, etc,

and are the legends adequate and accurately reflective of the images/illustrations shown? NO - SEE THE REMARKS BELOW 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? YES 10 Units. Does the manuscript meet the requirements of use of SI units? NO - SEE REMARKS BELOW 11 References. Does the manuscript appropriately cite the latest, important and authoritative references in the Introduction and Discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? YES 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? YES 13 Research methods and reporting. Authors should have prepared their manuscripts according to BPG's standards for manuscript type and the appropriate topically-relevant category, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. For (6) Letters to the Editor, the author(s) should have prepared the manuscript according to the appropriate research methods and reporting. Letters to the Editor will be critically evaluated and only letters with new important original or complementary information should be considered for publication. A Letter to the Editor that only recapitulates information published in the article(s) and states that more studies are needed is not acceptable? STROBE STATEMENT SHOULD BE PRESENTED IN TABULAR FORM AND PAGES ADDRESSED TO EACH POINT SHOULD BE INDICATED (you can find example in the attachment) 14 Ethics statements. YES SPECIFIC COMMENTS DISCUSSION: Among limitations of the study, apart of low number of participants also its cross-sectional design should be mentioned. Such a design does not allow to draw

conclusions regardind causality of relationships revealed in the study TABLES - Each table should be self-explanatory, ie. each abbreviation should be explained in a footnote below table. There is lack of units of a vast majority of presented values. Moreover, apart of traditional units also obtained results should be presented in SI units - as main, while traditional units below them or in parentheses FIGURES - Also there is lack of units, and regarding SI units the same applies as in case of tables. Moreover, it seem to be logical that analyzed variables: PISA and CAL should be consequently presented on X or on Y axis without changing them