

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 1963

**Title:** The pro-diabetic impaired fasting glucose in non-diabetic people is “atheroprotective”, only to be modified by metabolic syndrome

**Reviewer code:** 02446512

**Science editor:** Wen, Ling-Ling

**Date sent for review:** 2013-01-17 16:12

**Date reviewed:** 2013-03-08 02:21

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The authors want to explore whether impaired fasting glucose confers cardiovascular risk in a non-diabetic population-based sample during 8.5 years' follow-up, concluding that impaired fasting glucose status in non-diabetic people without metabolic syndrome is associated with a less adverse cardiovascular risk profile. Due to controversial findings in this matter; it would be interesting more deeper discussion, contrasting the results of the study against those published in the medical literature.

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

**ESPS Manuscript NO:** 1963

**Title:** The pro-diabetic impaired fasting glucose in non-diabetic people is “atheroprotective”, only to be modified by metabolic syndrome

**Reviewer code:** 00058872

**Science editor:** Wen, Ling-Ling

**Date sent for review:** 2013-01-17 16:12

**Date reviewed:** 2013-03-11 19:58

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Authors are kindly requested to support their Hypothesis about the inflammatory/immune pathogenesis of low Lp(a), via the complement activation, to emphasize the role of the spleen in obesity/T2D-related NAFLD, further expression of the MS, and its relationship to CAD, quoting the three following pertinent papers that are: Liver-spleen axis, insulin-like growth factor-(IGF)-I axis and fat mass in overweight/obese females. J Transl Med. 2011 Aug 16;9:136.... Hepatic steatosis in overweight/obese females: new screening method for those at risk. World J Gastroenterol. 2009 Dec 7;15(45):5693-9..... Are hepatic steatosis and carotid intima media thickness associated in obese patients with normal or slightly elevated gamma-glutamyl-transferase? J Transl Med. 2012 Mar 16;10:50.

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 1963

**Title:** The pro-diabetic impaired fasting glucose in non-diabetic people is “atheroprotective”, only to be modified by metabolic syndrome

**Reviewer code:** 00506397

**Science editor:** Wen, Ling-Ling

**Date sent for review:** 2013-01-17 16:12

**Date reviewed:** 2013-03-15 00:24

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

General Comments- With an aim to determine the relationship between impaired fasting glucose (IFG) and cardiovascular risk in non-diabetic patients, Onat et al., studied 3181 non-diabetic patients, with or without metabolic syndrome (MetS), over 8.5-years for incidence of diabetes and coronary heart disease (CHD). The authors concluded that IFG status in non-diabetic patients without MetS was associated with a less adverse cardiovascular risk profile and reduced future CHD risk. Additionally, they found that the acquisition of MetS concomitant with higher serum Lp(a) attenuated the benefit of IFG for CVD in both men and women. The authors have undertaken an important topic of research and its conceptual underpinnings are well developed in light of numerous other published studies (see Lancet 375: 2215-2222, 2010). There are two major problems with this manuscript: 1. The authors conclusion that IFG offers “protection against CHD risk” in non-diabetic people is not warranted in light of the fact that they did not carry out glucose tolerance test to determine exact level of insulin resistance in non-diabetic patients with and without MetS. The fasting glucose levels are not a terribly important indicators of sequel in type-2 diabetics, as apposed to type-1 diabetic patients, with and without In type-2 diabetics, MetS need to be further stratified with respect to with precise measurements of postprandial glucose utilization, gluconeogenesis and insulin output, would strengthen the authors, conclusion. 2. The manuscript is very poorly written and need to be thoroughly edited. Additionally, the manuscript is quite verbose, specially the Discussion section.