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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Diabetes
ESPS manuscript NO: 13500
Title: IS THE PRESENT CUT POINT TO DEFINE DIABETES MELLITUS TYPE 2 APPROPRIATE TO IDENTIFY THE RISK OF CARDIOVASCULAR DISEASES IN LATINAMERICAN PATIENTS?
Reviewer code: 00506347
Science editor: Yue-Li Tian
Date sent for review: 2014-08-26 17:15
Date reviewed: 2014-09-28 00:08

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[Y] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair		BPG Search:	[ ] Rejection
[ ] Grade E: Poor	[ ] Grade D: Rejected	[ ] Existing	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

Very nice work. I think you provide an excellent argument that the diagnosis of whatever term (IGT or DM) should be based on numbers that relate to CVD. I would like to see 2 things expanded upon. The role of treating pre-diabetes and IGT in teenagers, particularyl women with PCOS as a model. Finally, i would like to see you make some attempt in the end to provide actual numbers from studies and suggest a more appropriate cutoff for glucose levels relating to CVD in different population

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Reviewer code: 00506304
Science editor: Yue-Li Tian
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair		BPG Search:	[ ] Rejection
[ ] Grade E: Poor	[ ] Grade D: Rejected	[ ] Existing	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

General Comments In the first part of this paper, WHO and ADA recommendations for diagnosis of T2DM have been extensively reviewed. However, the authors argued that the recommended cut-off points of either plasma glucose or HbA1c might not be suitable for some ethnic groups. Moreover, they pointed out several inconsistent data regarding association between microvascular complication and plasma glucose levels. This paper thus can raise awareness of the flaw of current diagnostic criteria. Specific comments 1. On page 6, "…the data showing a relationship between plasma glucose and biopsy proven diabetic renal disease were not totally convincing…(ref. 8)"; the authors must give the reasons why the data are not convincing. 2. On page 8, in the section "Proposed mechanisms to explain the negative effects…"; the streptozotocin-induced DM is more similar to type 1 DM. It is, therefore, possible that the underlying mechanism of vascular damage in T2DM is markedly different from that in the STZ rats (this point should be mentioned). Indeed, the interaction between dyslipidemia and hyperglycemia should be discussed. 3. In the perspectives section, the authors should discuss whether lowering of the cut-off points affects the public health policy (since lowering of the cut-off points will increase the prevalence of T2DM).