

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 29789

Title: Management of Critically Ill Patients with Diabetes

Reviewer's code: 02446542

Reviewer's country: Greece

Science editor: Jin-Xin Kong

Date sent for review: 2016-08-29 19:35

Date reviewed: 2016-09-16 06:03

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The review is well written presenting the current data about the glucose management in critically ill patients. A paragraph mentioned about the real-time continuous measurement of blood glucose in these patients could be added to the manuscript (literature: PLoS One. 2016 Mar 10;11(3), Diabetes Technol Ther. 2015 Dec;17(12):889-98)

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 29789

Title: Management of Critically Ill Patients with Diabetes

Reviewer's code: 02446523

Reviewer's country: India

Science editor: Jin-Xin Kong

Date sent for review: 2016-08-29 19:35

Date reviewed: 2016-10-17 11:00

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 checked="" type="checkbox"/> Grade D: Fair	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" 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

1) The authors have given an overview about the importance of diabetes in critically ill patients. The manuscript require certain important modifications as suggested below: 2) Abstract: The recommendation to maintain blood glucose above 200 in patients with A1c above 7% is not as per the standard guidelines on the subject. This is rather incorrect as it may lead to worse outcomes. 3) Core tip: The term looser glycemic control is inappropriate. The optimum range of glucose is mentioned correctly. Please modify the sentence. 4) Introduction: You focused mostly on the stress hyperglycemia which is a minor component of the problem or the purview of your title. "Management of critically ill with diabetes" involves the pathophysiological alterations, dietary modifications, effects of the drugs and insulin, glycemic variability etc. Please modify accordingly. 5) Epidemiology: OK 6) Pathophysiology: Please give a table about the factors leading to hyperglycemia and also hypoglycemia in critically ill patients. 7) Stress induced hyperglycemia: Use either HgA1c or HbA1c throughout the manuscript. The second follow up study from the Belgium group was in medical ICU and not in the surgical ICU as mentioned. 8) Glycemic variability: The importance of this entity as a standalone marker is not very clear in clinical practice. It is better to suggest that the



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same is being evaluated further. The conclusion at the end of this section is inappropriate in the absence of grade A, level 1 evidence. 9) Guideline recommendations: The entire section is irrelevant as the topic is management of diabetes patients in critically ill and not vice-versa. Keep the table as a summary and remove the other portions 10) Glycemic control therapy: OK 11) Conclusion: The abstract and the conclusion differ about the targets. Please reconcile.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 29789

Title: Management of Critically Ill Patients with Diabetes

Reviewer's code: 02640461

Reviewer's country: Brazil

Science editor: Jin-Xin Kong

Date sent for review: 2016-08-29 19:35

Date reviewed: 2016-10-23 01:34

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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COMMENTS TO AUTHORS

Authors, This article shows the relevance of the variation in glucose control in critically ill patients, emphasizing the effect of hypoglycemia in mortality. The control must be done in a suitable form to the clinical status of the patient, where moderate glucose strips should be kept to a better prognosis. In several states there is still no consensus on the range of glucose for critically ill patients, but that it can be concluded is that there is a consensus that hypoglycemic conditions is more harmful than hyperglycemia per se. So, they consider that further randomized control studies are suggested to further evaluate the variability in the target blood glucose level among different conditions. This study has a relevance in search of appropriate guidelines for glycemic variation in various clinical states in both diabetics and non-diabetics