

Reviewer Comment	Response to reviewer
<p>Reviewer #1: Dear Editors, I read with interest the article entitled "Advanced glycation end product (Nε-carboxymethyl-lysine) and inflammatory markers (IL-6, TNF-α) and nitric oxide in diabetic versus non-diabetic coronary artery disease patients".</p>	<p>Thanks for your time Dear Reveiwer.</p>
<p>The main methodological problem that I find in the article is the division of patients into groups, that is, group 2 where there were patients with HbA1c < 6.5% and who were considered non-diabetics! Does this exclude well-regulated diabetics with excellent HbA1c levels? From this, the questionable value of the obtained results follows! The conclusion that the authors draw from the results of the study is conditional.</p>	<p>In this study, subjects with no prior history of diabetes, no history of intake of anti-diabetic medication, and HbA1c levels <6.5% were considered non-diabetic and placed in group II. We have added one line in the methodology (page 7) stating that:</p> <p>Group II patients with no prior history of diabetes and no history of anti-diabetic medication were classified as non-diabetic CAD.</p>
<p>According to the results of coronary angiography, there is mostly no significant difference in the degree of coronary disease between patient groups! The reason for performing coronary angiography was not specified - elective, stable vs. unstable patients considering that they are known coronary patients?</p>	<p>In our study, 65% of patients underwent coronary angiography due to their presentation of acute coronary syndrome, while the remaining 35% of patients underwent coronary angiography because of symptoms of angina.</p>
<p>How do the authors interpret the surprising insufficient treatment (e.g, ACEs < 20%!) of the included patients, given that most of them have recovered from MI; and almost half in both groups have decreased LVEF? The title should be thoroughly reformulated and the English language significantly improved.</p>	<p>In our study, approximately 65% of patients had a very recent myocardial infarction in Group I. AWMMI: IWMI (Anterior wall myocardial infarction: Inferior wall myocardial infarction) was 39% and 26%, respectively. However, in Group II, AWMMI: IWMI was 39% vs. 21% respectively.</p> <p>Hence, they were not prescribed with ACE inhibitor immediately because of the risk of hypertension. The data represented in table 2 represents ACE inhibitor usage just before angiogram and angioplasty were conducted. We have added one</p>

	<p>line in the result section stating that: The ACE inhibitor usage is lower as the drug history was taken just before the cardiac catheterization subsequently patients were started own ACE inhibitor once they stable (Page no. 10). 2. Title is modified (page 1)</p>
<p>Reviewer #2: The authors try to assess the impact of CML and inflammatory markers on the biochemical and cardiovascular characteristics of diabetic and non-diabetic coronary artery disease patients. They found CML and inflammatory markers played a significant role in the development of CAD, particularly in diabetic individuals, and can be served as potential biomarkers for the prediction of CAD in both diabetic and non-diabetic patients. This is an interesting and meaningful study. I provided several suggestions for the authors.</p>	
<p>1. The title should be re-organized.</p>	<p>Title is modified (page 1)</p>
<p>2. The abstract lacks some key information, like the duration of diabetes, medicine, the cardiac function class, and so on.</p>	<p>Added in abstract section (page 3)</p>
<p>3. Key Words. This part is good.</p>	
<p>4. Background. The manuscript should be more focus.</p>	<p>Thanks for the suggestions. We have improved the language of manuscript background as desired. (page-3)</p>
<p>5. Methods. The describe methods should be described in adequate detail.</p>	<p>Thanks for the suggestions. We have updated the methodology as desired respectively.</p>
<p>6. Lots of grammar and spelling errors. Please check carefully.</p>	<p>Reviewed and edited respectively.</p>
<p>Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics?</p>	<p>Yes, the manuscript meets the requirements of ethics. The authors have provided the necessary ethical documentation, including the Institutional Review Board statement indicating approval from the ethics committee and an informed consent statement, demonstrating that all patients involved in the study gave informed consent. Ethical statement is also mentioned in foot note after</p>

reference

Page no. 22 line no. 542-545.