

Review Form 1.6

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_94191
Title of the Manuscript:	Diabetes Status and Associated Risk Factors of Pulmonary Tuberculosis: A Retrospective Cohort Study at King Abdul Aziz University Hospital, Jeddah.
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journaljammr.com/index.php/JAMMR/editorial-policy>)

PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>As per Vancouver referencing style, when multiple references are cited at the same place in the text of a document, a hyphen to join the first and last references if they are inclusive (e.g.,1-4) and commas without spaces to separate exclusive references (e.g.,1,5,8) are to be used. Consideration should be taken on the location of numbers within the text of a document; Arabic numbers outside periods and commas, inside colons and semi-colons.</p> <p>Comment:</p> <ol style="list-style-type: none"> The manuscript needs to be changed accordingly as per the requirements of Vancouver referencing style. In References, when more than 6 six authors are present in a reference et al should be used instead of mentioning all the authors. <p>REF: URL: https://libguides.library.usyd.edu.au/citation</p>	
Minor REVISION comments	<ol style="list-style-type: none"> HBA_{1C} test is not done for most patients included in the study (169) as mentioned in results, can it be taken as criteria for diagnosis of diabetes mellitus as mentioned in the study? In 2.3 it is mentioned that the criteria taken for diagnosis of Diabetes mellitus is as follows: "More the 5.6 mmol/l of FBS is considered abnormal in this study" which is not in accordance with WHO criteria as mentioned in 2.4.3 "fasting blood glucose ≥ 7.0 mmol/L (126mg/dl) or 2-hour plasma glucose ≥ 11.1 mmol/L (200 mg/dl)". Between 5.6 and 7.0 mmol/L it will be IGT not DM. Please clarify. If the WHO criteria are used only for newly diagnosing the diabetes mellitus in tuberculosis cases, how many were newly diagnosed DM cases in this study? Based on glucose levels, how many already diagnosed DM cases having uncontrolled diabetes mellitus, how many are on treatment, how many are not on treatment, how many are compliant and how many are not compliant to treatment can add to the strength of the study. Please explain Table 3 mentioning high blood glucose levels in Pulmonary tuberculosis and Extra Pulmonary tuberculosis in comparison with Table 2 with the number of DM cases. (e.g., Non-Diabetes mellitus 342, high blood glucose levels 342) 	
Optional/General comments	It is established by several studies that High BMI and middle age are risk factors for DM. Also, emaciation or Low BMI is commonly seen in TB. These can be better explained in the study, if possible, as most patients in the study belong to young age and normal BMI in this study contradicting the risk factors of DM and symptoms of TB.	

PART 2:

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	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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