Review Form 1.7

Journal Name:	**Journal of Advances in Medicine and Medical Research**
Manuscript Number:	**Ms_JAMMR_104910**
Title of the Manuscript:	**A Systematic Review Exploring the Role of Uric Acid in Predicting New-Onset Renal Damage in Lupus Nephritis**
Type of the Article	**Review 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 **1. Is the manuscript important for scientific community?** (Please write few sentences on this manuscript) **2. Is the title of the article suitable?** (If not please suggest an alternative title) **3. Is the abstract of the article comprehensive?** **4. Are subsections and structure of the manuscript appropriate?** **5. Do you think the manuscript is scientifically correct?** **6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.** **(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)**	This meticulous systematic review underscores the burgeoning importance of hyperuricemia as a potential prognostic indicator for new-onset renal damage in LN. The emphasis on gender-specific cut-off values for uric acid establishes a critical avenue for refining prognostic accuracy. The accessibility and affordability of uric acid testing across various healthcare settings further underline its potential as an essential tool for early identification of patients at risk of renal deterioration post-LN diagnosis. However, to validate these promising findings and establish standardized guidelines, prospective studies are warranted. By incorporating uric acid testing into the clinical management of LN patients, healthcare practitioners may enhance patient outcomes and proactively mitigate the burden of renal damage.	
Minor REVISION comments **1. Is language/English quality of the article suitable for scholarly communications?**	Notably, an optimal timeframe of approximately two years following LN diagnosis emerged as having the highest specificity for predicting renal outcomes using uric acid levels. The diverse cut-off ranges, spanning from >4.9 mg/dl to >9.39 mg/dl, signify the complexity of this predictive parameter.	
Optional/General comments	By incorporating uric acid testing into the clinical management of LN patients, healthcare practitioners may enhance patient outcomes and proactively mitigate the burden of renal damage.	

PART 2:

	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)*
Are there ethical issues in this manuscript?	*(If yes, Kindly please write down the ethical issues here in details)*	

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Reviewer Details:

Name:	**Ing-Fang Yang**
Department, University & Country	**JEN-CHI General Hospital, Taipei Medical University, Taiwan**