



**SDI Review Form 1.6**

Journal Name:	<a href="#">British Journal of Medicine and Medical Research</a>
Manuscript Number:	<b>Ms_BJMMR_26276</b>
Title of the Manuscript:	<b>THE METABOLIC SYNDROME IN ADOLESCENTS AGE 11-18 YEARS WITH FAMILIAL HISTORY OF EARLY ONSET TYPE 2 DIABETES (T2DM)</b>
Type of the Article	<b>Original Research Article</b>

**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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



**SDI Review Form 1.6**

**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)
<b>Compulsory</b> REVISION comments	<p><b>METHODS:</b> exclusion and inclusion criteria are lost in the context. It is not clear how some measurements were done and their references (WC and BP). Which criteria for MS was used? Which definition of family history of early onset of T2DM? The statistical analysis described were not used.</p> <p><b>RESULTS:</b> It is not clear the prevalence of MS in the control group. The populations are different in BMI, it can be a bias of the study. Table 2 is not in the methods. The written is difficult to understand.</p> <p><b>DISCUSSION:</b> It starts with a method. After, the author discuss each factor used to MS diagnoses with different impact and not in order of importance. It is not clear the prevalence of MS in control group. Table 2 is not in discussion. The written is difficult to understand.</p> <p><b>CONCLUSION:</b> It is not in concordance with the aim of the study.</p> <p>The definition of the aim of the study, the methods and the results are not in agreement.</p>	
<b>Minor</b> REVISION comments	<p><b>ABSTRACT:</b> BP is missing. The prevalence of MS in adolescents of similar BMI without family history of diabetes is not clear.</p> <p><b>INTRODUCTION:</b> The last paragraph is confuse, including the definition and the aim of the study</p> <p>Ethical issue: the Institutional Review Board (IRB) at the University Hospital of the West Indies (UHWI), Jamaica, approved the protocol. In addition, there were a written informed consent that was obtained from mothers and assents that were obtained from</p>	



**SDI Review Form 1.6**

	adolescents.	
<b><u>Optional/General</u></b> comments	A study of the impact of the family history of early onset of T2DM with the risk of the MS surrogate marks in non-obese adolescents is very interesting.	

**Reviewer Details:**

Name:	<b><i>Mariana Porto Zambon</i></b>
Department, University & Country	<b><i>Pediatrics Department, Medical Science Faculty, Campinas State University (UNICAMP), Brazil</i></b>