



SDI Review Form 1.6

Journal Name:	International Journal of Biochemistry Research & Review
Manuscript Number:	Ms_IJBCRR_22421
Title of the Manuscript:	Vascular Endothelial Growth Factor Gene Polymorphisms in Type 2 Diabetes Mellitus; Insertion/Deletion at -2549 is Associated with Retinopathy but not + 405 G/C Polymorphism
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.

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



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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、 Table 1 should contain more details of basic clinical information of candidates, including blood pressure, lipid levels, status of smoking and drinking, combined disease(hypertension,CAD),etc. 2、 As shown in Table 1 and Table 3,there is no significant difference in genotype distribution and allele frequency in both diabetes groups (without and with retinopathy) when compared to each other, then, how to show the association of candidate genes and the susceptibility to retinopathy? It is difficult to make a conclusion that heterozygous form of I/D polymorphism and I allele at -2549 of VEGF gene might possibly be associated with a higher susceptibility to retinopathy. 3、 The results of Linkage equilibrium analysis in candidate populations should be added in statistical analysis. 4、 The combined effects of traditional impact factors of retinopathy should be considered.	- It was not planned in the methodology. So these data are not available. It will be considered in further researches. - In table 3 only, not in tables 1 or 2. There was significant difference by comparing diabetics with retinopathy versus controls. So, we said that heterozygous form of I/D might be associated with a higher susceptibility to retinopathy. - The effect of hyperglycaemia is discussed as we deal with diabetic patients. Other factors are not considered as they are not our target and will not add to the research.
Minor REVISION comments	1、 VEGF gene I/D polymorphism at -2549. Marker ladder, lane M; II genotype (229 bp),117 for example lane1 2; DD genotype (211 bp), for example lanes <u>5,8,9</u>; and ID genotype (211 and118 229 bp), for example lanes <u>3, 4, 6,7&10</u>. 2、 Figure 2: what about lane 4 and 5,is it failure? 3、 I would suggest uniforming the expression of “G +	-In the figures, we put one or two examples of each polymorphism, and the rest of lanes can be expected. - We have already uniformed the whole article into.... G + 405 C polymorphism.



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	405C polymorphism” in the whole article. 4、 I would suggest rewriting the part of Methodology to clarify each group.	- Some modification of methodology has been done. We hope to be satisfactory.
<u>Optional/General</u> comments		