



SDI Review Form 1.6

Journal Name:	International Journal of Biochemistry Research & Review
Manuscript Number:	Ms_IJBCRR_31935
Title of the Manuscript:	Hepatic Involvement with Elevated Liver Enzymes in Nepalese Type 2 Diabetic Patients
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:

(<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	I have read the manuscript the following are my comments: Title: Nepalese I Suppose Refers To The People Of Nepal. So I Suggest The Title Should Read: Hepatic Involvement With Elevated Liver Enzymes In Type 2 Diabetes Amongst Nepalese. MAJOR Line 99: Your finding on central and abdominal obesity supports the findings of who? Line 101-111: You stated earlier in Lines 87 and 88 that the unit of the liver enzymes is IU/L, under your results, you are stating U/L. Please effect the correct units. (i) The significant difference in sample size between the diabetic (n=105) and control (n=52) can introduce statistical error during comparison. (ii) No unit stated (iii) This result presentation would be alot clearer if you separated the male and female under the diabetic and control, hence four columns (i.e Diabeti male female and control male female) then you show the difference in WC, BMI, SBP etc (iv) The p-value you stated in the table is not the same as the one stated under results\discussion. (e.g P<0.001) Table 2: the heading <20, 20-40, 40-60, >60, what do they represent please state, are they age range? Table 3: 1. What are the age bracket you correlated with the liver enzyms- please state them	Thank you for your valuable time and constructive comments and suggestions. Here we would like to take this opportunity to revise our manuscript (MS) as per our suggestions. We have changed the title as suggested. Our result supports that diabetes are associated with central and abdominal obesity. Same has been paraphrased in the revised MS to clarify it. Sorry for inconsistence. The value will be same for these enzymes using both units. For consistency, we have changed the unit to IU/L through out this MS. We recruited age-sex-matched control. The less number of controls compared to the case is one of limitations of this study. However, we believe the number is not so less result statistical error. Same has been discussed in MS. Our aim to demonstrate Table 1 is to compare between DM and control, rather than specifying gender difference. Table will be more complicated if 2 more column is added. Correction made No. The classification is not based on the age range. It represents distribution study subjects in different



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	2. what range of SBP and DBP were correlated with the enzymes 3. what measurement of WC was used, please state 1. Some of the statements should be well cited 2. Material and methods is not well arranged with the journal format e.g, materials should be well stated and separated from methods. The grouping e.g normal and the diabetic individual into age bracket, because 30-74 range is far too much, break it to 30-40, 41-50, 51-60 and 61-74. The liver enzymes procedure, machine validation and precision should be well state and the manufacturer location to be well stated Just Observe For Editorial Outlook. 1. Sample Or Population Size of control does not balance that of experimental. 2. No Acknowledgement 3. No Conflicts Of Interest. 4. Evidence of ethical approval should be summited with correction of the manuscript to the editorial board for final approval Ethical Issue-Evidence of the ethical approval from the Hospital not included	enzymes level- normal, intermediate, high and very high. Table 3 shows the correlation of liver enzymes with other studied variables in T2DM. Age is not correlated with any of liver enzymes at statistically significant level. SBP and DBP in overall are positively correlated with GGT and the correlation is statistically significant. WC was measured in measured in CM and has been mentioned in "Method" section. All statements were credited with citation, whenever required. All biochemical analysis was done using closed automated system (Vitros 250, Ortho-clinical Diagnostics). So, we didn't separate materials section to provide materials used. We have not classified data according to age. We found no correlation of age with enzymes. Therefore, it makes no sense to group study subjects as you suggested. Liver enzyme was carried out using Vitros 250, Ortho-clinical Diagnostics system in our clinical laboratory. The system is FDA approved and globally used. All standard procedure were maintained quality management. Manufacturer location has been added in the revised MS. Justified earlier. Acknowledge and Conflicts of interest added in revised MS. Study has been approved for ethical clearance by the Institutional Review Board (IRB) of Nepal
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		Medical College and same has been mentioned in the "Method" section
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Minor REVISION comments	Abstract: Line 11: Newly Diagnosed As T2DM To Read Recently Diagnosed Of T2DM. Line 11: State Male/Female Ratio. Line 13: Re-Cast 58 Age And Sex Matched And State Male/Female Ratio With Age Range. Line 15: To Read Subjected To Analysis For Linear Enzyme Estimation. Line 17: Results Not Clear, Which Is ... Line 18: The Control And Which Is The Experimental And What Dose "P" Stands For? Line 19: The Liver Enzymes Cannot Be Elevated And Still Remain Within Normal Range. Yes, T2dm May Result In An Elevation In Liver Enzymes, And Hence Periodic Check Of Liver Enzymes, It Indicates That The Liver Is Compromised. Reconstruct Your Conclusion Please. Line 26: DM Is A Leading Cause Of Mortality Across The Globe (Reference) Different From The Reference For Complications. Line 48: And Widely Available To Read Widely Acceptable. Line 48 And 49: Minor Elevation Of Act A Predictor Of Mortality Or Morbidity? Line 56: To find association of liver diseases with DM not in DM. Line 58: Paucity of data showing such association. "Remove the of". Line 59: Should read: The present study was therefore undertaken to investigate the compromise of Liver Function in T2DM amongst Nepalese Patients. Line 63: To investigate the circulating levels of serum liver enzymes in T2DM "not to find an association of serum liver enzymes in T2DM. Line 71: 58 age and sex subjects- please what were there age range	Line 11: Newly diagnosed is more appropriate as it implies not under anti-diabetic medication. Male/female Ratio mentioned . Line 13: Male/female ratio and ranges of control restated Line 15: analysis and estimation refer the same. So it will just increase word counts. We didn't understand your idea of "linear enzyme". It should be liver enzymes, instead. Line 18: The control and diabetic is now mentioned clearly. P is now changed to p, which denotes level of significance in the revised MS. In this work, we compared the liver enzymes between T2DM and control. Compared to control the liver enzymes were significantly higher although the values were within the normal range. It might have profound implications in clinical practise as the marginal increase of the enzymes may reflect early pathological changes in T2DM. Conclusion reconstructed. New reference added Line 48: Re-stated It's mortality not morbidity Line 56: "in" replaced by "with" Line 58: Removed Line 59: Re-sentenced
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	and sex ratio? RESULTS Line 93: Average age of age and sex... delete one age. Line 95-97: Please results should be clearly identified (e.g BMI: Control 25.9+/- 0.49, Diabetic 25.6+/-0.66). Line 97: What does P<0.001 represent? Line 129: Tohidi et al- in what year? Line 129 and 130- AST was not raised or decreased significantly in T2DM, not AST was not significantly associated with T2DM. Do same for ALT and GGT in line 130. Lines 132 and 133- Requires references. Line 134: Salmela et al- What year? Lines 136 and 137- Please indicate which is control and diabetic group in the results shown. Line 137: West et al- state year. Line 143: Erbey et al- state year. Line 155: Lim JS et al., state year and remove initials Line 162- 164: in which study was association NIDDM and GGT carried out. Line 164: Perry et al., (state year and remove initials) Line 165: correct unit U/L to read IU/L Line 168: Ikai et al. (state year) Line 174: Lee DH et al., (state year and remove initials) Line 202: T2DM to for early detection (remove the "to").	Line 63: Re-sentenced Line 71: age range and male/female ratio were mentioned. Line 93: deleted Line 95-97: now clearly stated Line 97: It represents that the mean value of WC between case and control is significantly different and is self-understandable. Line 129: Year is mentioned now. Line 129-130: Re-sentenced Corrected for ALT and GGT as well. Reference added. Line 134: Year mentioned Line 136 and 137: The comparison was among T2DM and T1DM. It text it is mentioned that T2DM had more frequent elevated enzymes. Therefore, it is obvious. Line 137: Year mentioned. Line 143: Year mentioned. Line 155: Year mentioned and initials removed. Line 162-164: In the study of Lim JS. Line 164: Year mentioned and initial removed. Line 165: corrected Line 168: year mentioned Line 174: Year mentioned and initials removed. Line 202: Removed as suggested
Optional/General comments		