SDI Review Form 1.6

Journal Name:	**International Journal of Biochemistry Research & Review**
Manuscript Number:	**Ms_IJBCRR_38873**
Title of the Manuscript:	**Possible biochemical lipid and Apo-lipoprotein abnormalities in Patients with Retinopathy in Diabetes mellitus**
Type of the 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	Diabetic retinopathy (DR) is one of the major microvascular complications of diabetes which in many cases develop to blindness in diabetic adults. Dyslipidemia is one of the most important risk factors for cardiovascular disease. The most important risk indicators for these complications are lipid profile abnormalities. The association between DR and traditional/nontraditional lipid markers has been extensively investigated by many researchers. Therefore, the statement by the authors "*There is little information on the association of Apolipoproteins (ApoA, ApoB), Total cholesterol (TC), Total Triglyceride (TG), Low density lipoprotein (LDL-C), Very Low density Lipoprotein (VLDL), High density Lipoprotein (HDL-C) in patients with Diabetes mellitus with and without retinopathy hence the justification for this work*" is not true. Higher apoB/apoA1 ratio has been shown to be associated with higher prevalence of type 2 diabetes and its vascular complications. It has been well established and routinely used as relevant biomarker in various clinical trials. Indeed, the severity of DR is inversely associated with ApoA1, whereas ApoB and the ApoB/ApoA1 ratio are positively associated with DR (see Rev Diabet Stud., 2013 Summer-Fall; 10(2-3):121-32; Am J Cardiovasc Drugs., 2012 Jun 1;12(3):197-206.; Inflammation, 2010 Dec;33(6):353-8.; etc.). This present work is not original and do not add any significant/substantial input to what is already published. Few additional comments listed below: • Details about ELISA kits for apoB and apoA1 need to be provided (Kit#, company etc.). There is no need to describe the technique. Just say that the assay was performed as described by manufacturing manual. • Also please indicate range of dilutions used to test plasma samples • Provide info about the Roche kit for lipids measurement. • Omit section for principle/method for lipid testing. This is well known. • Trial done in Saki region. No need to give postal code of area. • Table 1 missing statistics (p values?) • Authors have to choose between tables and Figures. Same results in both (duplication). Do not include results section into discussion. • Discussion need to be written and well structured. • Line 254-255: ApoB1 should read apoB100.	
Minor REVISION comments		
Optional/General comments		

Reviewer Details:

Name:	***Ahmed Bakillah***
Department, University & Country	***Cell Biology, SUNY Downstate Medical Center, USA***