



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_14282
Title of the Manuscript:	Association between albumin creatinine ratio and e-GFR in type 2 diabetes mellitus patients in Oredo Local Government Area, Benin City, South-South Nigeria
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	This is a very interesting paper and I think the authors need to think seriously about completely reworking this paper including the title to catch greater interest and to highlight the implications of their findings. It is almost unbelievable that no diabetic in this study was normoalbuminuria. The implication is that 100% percentage of patients had either incipient or overt nephropathy. Is this related to APOL1 or MHY9 genes? We need to know whether patients were receiving RAAS inhibitors? Please justify the inclusion of the controls – I don't think this adds anything to the paper Why were smokers excluded as this is a contributor to CKD? Parts of the methodology and discussion are too detailed and long winded as highlighted. There are unnecessary tables and figures highlighted Was there a relationship with HBA1C and ACR	-Genomic studies was not done in the patients involved in this research, therefore, the possibility of the roles APOL1 or MHY9 genes could play in the development of diabetic nephropathy was not ascertained. However, the possible roles they could play is mentioned in the discussion. -The patients were not on RAAS inhibitors, however, they were on angiotensin converting enzyme (ACE) inhibitors. -Controls were included to determine if there were significant differences between the means of parameters such as fasting plasma glucose, c-reactive protein, ACR, BMI, eGFR of the subjects and controls. This was to determine the roles these factors could play in pathogenesis of diabetes mellitus and possible complications. -Smokers were excluded in order to be able to trace the pathogenesis of incipient or overt nephropathy to diabetes mellitus type 2. -Methodology and discussion has been further summarised. -The highlighted aspects of the tables have



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		been removed - glycated haemoglobin showed a weak and non significant correlation with ACR in this study.
<u>Minor</u> REVISION comments	These have been outlined in the text I have returned. Typos.	
<u>Optional/General</u> comments		