

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_78863
Title of the Manuscript:	“IMPACT OF SMOKING CESSATION ON LUNG FUNCTION PARAMETERS – A CROSS SECTIONAL STUDY”
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:

(<https://www.journaljpri.com/index.php/JPRI/editorial-policy>)

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)
Compulsory REVISION comments		
Minor REVISION comments	<div><div><div>1. An abstract is too long. Please give the concise idea of the study in 250-300 words. Show the main theme of study, results, and conclusion. Some information e.g. subject recruitment should show in the part of materials and methods.</div><div>2. Give more details about the methods of doing PFT, the spirometry, the corrected values of results to age, sex, gender and race. Also give the unit of the results.</div><div>3. Give more information to support the results in discussion.</div><div>4. explain the results of parameters; FVC, FEV1, and FEV1/FVC of the study groups by giving the idea of physiology and pathophysiology found in this study to the public. Do not show only they are different or same between groups.</div><div>Each parameter indicates the lung function and also pathophysiological conditions of the subjects e.g. if FEV1 decreases, it means that the air way resistance is increased. In smokers, what induces this condition. The authors say about inflammation but other factors are involved and the information is available to find. For example, an irritation of smoke or toxic substances in cigarette can induce thick sputum production. This leads to increase airway resistance and airway obstruction.</div><div>5. The duration of smoking in smokers and quitters are wide range and also the duration of quit time too. The physiological changes of the respiratory system may difficult to compare.</div><div>6. There are no other physical exam data to support the study e.g. vital signs, or some observations that can use for discussion.</div><div>7. Explain why the results of FEV1/FVC in each group are not different. What is the significance. Even, they are not difference but the meaning is difference.</div></div></div> <div><div>1.Abstract is consized into 255 words</div><div>2. The subjects were instructed about the breathing maneuver, then they were asked to take a deep inspiration and expire as forceful and as fast as possible into the mouthpiece, once the expiration was completed expiratory flow volume curves were recorded by a spirometer (Spiro win version V3.10). FVC, PEFR, FEV1, FEV /FVC ratio were obtained. All subjects were physically healthy, without any symptoms. The total duration for the entire test was 4 to 5 minutes.</div><div>The procedure for performing PFT is mentioned in methods the above used version needs the prior information about the subjects age, gender,race for the PFT results. The software used was calibrated as per the normative values. The final report of PFT gives the details about the subjects lung function as predicted values as per the demographic data entered during the procedure . Unit of the results need not be mentioned.</div><div>3.The mentioned corrections for supporting the results is done in discussion with underlined physiological rationale.</div><div>4. since it is an observational study the confounders (confounding variables) are not under control and not mentioned in the study.</div><div>5.The lung function parameters may have improved because of decline in airway inflammation and thus improve lung elastic recoil pressure after long term smoking cessation. Smoking cessation improves the accelerated decline in forced expiratory volume in one second, which strongly suggests that major inflammatory and/or remodelling processes are influenced positively.</div><div>6. Vitals signs not required as it was on normal population exclusion criteria is supporting the same like no history of cardiorespiratory diseases/disorder Asthma, COPD.All subjects were physically healthy, without any symptoms.</div></div>	
Optional/General comments	Please clear an English gramma.	

PART 2:

	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)
Are there ethical issues in this manuscript?	<div><div>(If yes, Kindly please write down the ethical issues here in details)</div></div>	Since it is an observational study ethical clearance not required. The study dose not involve any invasive procedure/harmful intervention on human participants.