

Review Form 1.6

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_87729
Title of the Manuscript:	Significance of Serum Relaxin in Diabetic and Non-Diabetic Patients with Chronic Kidney Disease
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:

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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	<p>Comments on Significance of Serum Relaxin in Diabetic and Non-Diabetic Patients with Chronic Kidney Disease (CKD)</p> <p>Title: Relaxin in two groups of patients who suffer CKD.</p> <p>Introduction: Relaxin is the protagonist, but this section begins alluding diabetes mellitus, its characteristics, complications and evolution. What about CKD? Why could it be interesting, convenient or important to study relaxin? The authors state that it is important based in reference 9, a recommendation of the American College of Obstetrics and Gynecology titled “Genetic Syndromes and Gynecologic Implications in Adolescents” (I do not understand). Moreover, the second part of this reference, from Obstetrics and Gynecology is: Hyponatremia Among Parturients Transferred to the Hospital After Prolonged Labor During an Attempted Home Birth Lassey, Sarah C, et al 134(1):106-108, July 2019. And does not treat relaxin. Manuscript aim is to evaluate significance of serum relaxin in diabetic and non-diabetic patients with chronic kidney disease, but I do not understand why it could be important to be studied if the authors do not argue in that sense at all.</p> <p>Methods Subjects: Two groups of patients, both having CKD, but, afterwards, they are “splitted” in three groups, two with CKD and a healthy control group. I do not understand neither what happened here nor why the manuscript’s title mentions just two groups of patients. How did the CKD patients recruited? How was CKD defined for this experience?</p> <p>Statistical analysis What was the rationale of the sample size calculation? Were there <i>a-priori</i> hypotheses? In fact, the number of patients >33 seems to have been chosen to use some “preferred” statistical tools and not others.</p> <p>Results Three and not two groups. The first 5 tables show obvious differences between those three groups and, finally, Table 6 refers two relaxin and shows that relaxin varies according to both, diabetes and CKD. Table 7 shows a lot of correlations analysis that were not anticipated in the Methods section. Moreover, this analysis exclude the healthy control group, why. Finally, I do not understand where ROC curves come from do. They were not previously explained and it is not defined neither what is the intention to put them nor which one was the gold standard intended to be predicted by those ROC curves. Moreover, the authors state that the ROC curves “illustrated the sensitivity and specificity of serum relaxin in healthy control subjects and all CKD cases”, but they did not specified that this was an objective of their study (see the Title).</p> <p>Discussion: I did not read this section based in all my above methodological observations.</p> <p>References: The “copy & paste” process failed at all. They do not correspond.</p>	
Minor REVISION comments		
Optional/General comments		

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?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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