Review Form2

Book Name:	Disease and Health Research: New Insights
Manuscript Number:	**Ms_BPR_2651**
Title of the Manuscript:	**Successful implementation of Continuous Glucose Monitoring in an Internal Medicine Residency Community Continuity Clinic**
Type of the Article	**Book chapter**

PART 1: Review Comments

Compulsory REVISION comments	**Reviewer's comment**	**Author's Feedback***(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Please write a few sentences regarding the importance of this manuscript for the scientific community. Why do you like (or dislike) this manuscript? A minimumof 3-4 sentences may be required for this part.	**The thought process behind this study is good but there are few missing points and lacunae which I would like to highlight. Whenever we closely monitor a patient by CGM etc or monitoring by clinicians, there would be improvement seen. Also patient bias would come into play. But What is ate actual effect ofsuch intervention despite the bias is what needs to be seen.**	
Is the title of the article suitable? **(If not please suggest an alternative title)**	**Please add 'In such and such group of patient'**	
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.		
Are subsections and structure of the manuscript appropriate?	**Reasonable**	
Please write a few sentences regarding the scientific correctness of this manuscript. Why do you think that this manuscript is scientifically robust and technically sound? A minimumof 3-4 sentences may be required for this part.	1. **In methods:** incidence of very low blood glucose (Less than or equal to 54 mg/dL), 2. A questionnaire given to patients after they started CGM also showed an improvement in their quality of life Where is that questionnaire. Should have included that as figure. 3. proactive approach (2,3,4,5,6). Avoid too many references repeated multiple times. 4. Please mention if it's capillary/ blood or plasma glucose for SMBG and CGM. Now here this has been highlighted. 5. Are there any specific guidelines on CGM per se available. If yes should highlight in context of this study. 6. Better to highlight what is the incidence of hypoglycemia without CGM and with CGM in literature and compare that to your study results. 7. How many hypoglycemic episodes/ unawareness would patient qualify for CGM. 8. You said not know to be done at primary care level, but your study was done at secondary level with resident/ endocrinologist led. So how it is significant/ useful for primary care level. 9. You have used different characters for type 1 and type 2 at many places Type 1 T1DM DM1. Stick with uniformity. 10. How many patients were contacted/advised for CGM as you had total 25 patients	

	on CGM. This would be helpful to know the acceptability rates. **11.** So, the service was mainly led by an endocrinologist. What was the actual role of resident? Just collect the data and discuss with endocrinologist and patient. Were resident calling patients on telephone. **12.** Exclusion Criteria: How many patients were/had to be excluded due to various reason **13.** Quality of Life Questionnaire: If possible, the questionnaire should be shared as a table in manuscript to give readers an idea. **14.** What was the contribution of patient/clinician bias in these results. As patients were closely monitored, you would expect improvements anyway, especially with CGM. What was the actual contribution of CGM and contribution of resident/endocrinology input. Is biweekly expert advice from endocrinologist a norm for all CGM wearing patients? **15.** What was the objective assessment of measure of patient satisfaction? **16.** What was the duration/ gap between before and after measurements? What was the range of gap. HbA1c is 3 monthly average and most of the hbA1c values come from 1st month. So there could be confounding errors here. How you so sure all this improvement in HbA1 is only due to CGM? **17.** None of the figures mentioned what was the timeline/time gap between before and after. Also, this study is only a short duration study I suppose. What about HbA1c and all these parameters after the close supervision was stopped. Did we again measure HbA1c and other parameters to see if there was any persistence of benefit or their parameters return to baseline. **18.** Was there any difference in numbers between these 2 groups. Because you are highlighting everywhere T1DM and T2DM but nowhere did you tell the readers what the difference between these two groups was. Then what is the point of highlighting these 2 groups. You can just say Insulin dependent DM patients. **19.** What was the duration of this longitudinal study **20.** You think this is best utilization of resources and time of residents and endocrinologist. You think this would be practically feasible to implement.	
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form. **-**	**yes**	
Minor REVISION comments **Is the language/English quality of the article suitable for scholarly communications?**	The language could have improved as it is patchy at places with grannatical and syntax errors.	
Optional/Generalcomments	As above	

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?	*(If yes, Kindly please write down the ethical issues here in details)*	

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Reviewer Details:

Name:	**Kapil Kumar Garg**
Department, University & Country	**UK**