



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	International Journal of Biochemistry Research & Review
Manuscript Number:	2013_IJBcRR_7264
Title of the Manuscript:	Can Total Antioxidant Capacity Be A Surrogate Marker In Chronic Obstructive Pulmonary Disease ?

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
The addition of the statistics methods information is helpful. The revision of the results-discussion sections is also helpful. There are still some concerns: - Item 7 from original review related to glutathione was not adequately addressed. Since the data shows that parameters measured to do not fully correspond to TAC then the authors need to discuss what could be impacting TAC such as glutathione and Vitamin C. - Item 8 from original review was not satisfactorily addressed. If spirometry data is available, then either reference the work by the other investigators who collected it or ask these investigators if they are willing to participate with you and include the data. It is very important to know the relationship of the spirometry information with Cp & TAC for your study to have any clinical significance. It happens a lot in the literature that phenotyping data such as spirometry is discussed in multiple studies that use the same patient population. - Item 9 from original review was not completed addressed. Please note in the patient population description that dietary pattern was not considered and about any medications that patients were taking. - The data presentation is still very confusing. Table 4 is not needed. The way the data is expressed in Table 5 is also very confusing. A simple table similar to Table 2 is needed for the ANOVA and post-doc results showing all four groups (control NS, control smoker, COPD NS, COPD smoker). Please create a table that shows the actual data, NOT mean difference between groups. Usually you use the raw data in the ANOVA and post-hoc analyses. Both ANOVA and post-hoc need to be significant for a comparison to be considered significant.	I fully agree with the reviewer. As this analyte was not estimated in this study it was not discussed. But now this point has been incorporated in the discussion (line no 254-256) with relevant references. I fully agree with the reviewer. All the spirometry details and their correlation with number of aspects are being studied by separate team. So it is ethically improper to make any comments. I am looking specifically for the biochemical alterations. I am extremely sorry; I express my inability to access their data for my article. Dietary pattern was not looked into this study. Regarding medications the point was included in 2.2.1 in the manuscript. This article had gone to six reviewers. One reviewer has asked for this data given in Table 4 (ANOVA) and another reviewer has asked for different statistical tool used in the manuscript. I don't think there is any confusion now. After so much of statistical clarity it has now become easy for everyone to understand.



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5. TYPOS: Table 1 – COPD total is 86 not 92; Line 242 spell out “and” instead of “&”.
6. These results cannot not be used for diagnosis of COPD since the authors have not demonstrated the parameters to be COPD specific. They may be useful as a monitoring tool but that has not been demonstrated either.

Regarding creating a table that shows the actual data, NOT mean difference between groups, Sir, I want to bring to your notice that, it is already given in Table No 3. Mean difference is given to exhibit clinical relevance. More the mean difference better it is clinically.

There are certain differences which are significant statistically but not clinically (as in case of albumin and urate). Table 5 is made to exhibit the clinical relevance.

I fully agree with the reviewer. It was a typographic error. I regret. Corrections made.

Referring Table 2, 3 and 5, amply indicates TAC role in COPD. What has been highlighted is that clinically it will be difficult to differentiate between 3.8 and 4.3 (albumin) but comparatively easy to differentiated between 36 and 27.7 (TAC). Also refer to Table 5, the difference between various groups is not just statistically significant ($P<.05$) but also clinically as in case of TAC.

Finally, I sincerely thank the reviewer for meticulously going through the manuscript and giving extremely valuable suggestions, towards the overall improvement of article.