



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	Ms_JAMPS_19450
Title of the Manuscript:	Is trunk hair density in nonobese Turkish men associated with insulin resistance?: A pilot 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:

(<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 (<i>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</i>)
Compulsory REVISION comments	Line 39, why you include only nonobese persons please clarify? 1- Line 34, introduction is very short and may need more explanation of some points as - the metabolic role of androgen - relation between androgen and insulin resistance 2- Line 41, how can you exclude insulin resistance from history? 3- What are you mean any disorder affecting hair density?	Dear reviewer, Thank you very much for your help and kind comments. The required revisions for our manuscript are completed. We highlighted the changes in the manuscript by using coloured text in yellow. Our point-by-point responses to the comments are below. -As obesity is a factor that can be associated with insulin resistance, we excluded obese patients from the study. -Per your suggestion, introduction section has been revised, mentioned points have been included. In addition new references have been added (Ref. 5-8) -We mean that patients with a previous diagnosis of impaired glucose tolerance (pre-diabetes) with a previously performed oral glucose tolerance test (we asked to the patient and also checked the medical



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	4- Please mention abbreviation HOMA-IR only as you mentioned whole word in abstract 5- Reference of hair scoring system 6- Line 19, you mentioned "Total trunk hair was positively correlated with HOMA-IR ($P = 0.019$) and insulin resistance ($P = 0.003$)", so what is the difference between HOMA-IR and insulin resistance I think one P for trunk hair and other for abdominal hair, please revise. 7- Is there any correlation with hair density, insulin resistance and family history of diabetes? 8- No any comment on lipid level?	records) -We mean systemic disorders causing any hair abnormality such as (thyroid disorder (causes telogen effluvium), hypogonadism (causes hypotrichosis), adrenal, testicular or pituitary pathologies (causes hypo or hypertrichosis), or any hair disorder (such as alopesi areata, telogen effluvium, anagen effluvium, etc.) -Corrected per your suggestion. -There is not a previously reported scoring system for males, we used our scoring system for the study, we defined it in the methods section. - One P value is for correlation between trunk hair score and HOMA-IR score (any value), one is for correlation between trunk hair score and presence of positive insulin resistance, that means HOMA-IR score greater than 2.34, as previously included in the methods section. -Per your suggestion, new statistical analyses have been performed. And both presence of insulin resistance correlated with family history of DM ($P = 0.024$). However there was not significant correlation between family history of DM
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	9- No any tables include the results of the paper, I do not know is this only in my copy.	and total hair density ($P = 0.715$). And we included this information in the text. -Per your suggestion, we have performed new statistical analyses. HOMA-IR score correlated with total triglyceride ($P = 0.001$), total cholesterol ($P < 0.001$), VLDL ($P = 0.002$), and LDL ($P < 0.001$). In addition total trunk hair score correlated with total cholesterol ($P = 0.024$) and LDL ($P = 0.016$). And this informations have been added into the text and Table 2 and 3. -Per your suggestion, two new tables have been included (Table 2 and 3).
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<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	10- I think if androgen level was tested, it will add to the work.	-Thank you for your comment, we also believe that this would be very valuable, however unfortunately we could not perform this test. We included this information in the discussion section, in the limitation paragraph. As this study has been planned as a pilot study, this may be subject of future studies.