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REVIEWER'S REPORT

Manuscript No.: IJAR-53254 Date: 12-08-2025

Title: A STUDY ON SHORT-TERM IMPACT OF DAPAGLIFLOZIN ON DIASTOLIC CARDIAC PARAMETERS IN TYPE 2 DIABETES MELLITUS PATIENTS WITH NORMAL EJECTION FRACTION

Recommendation:

Accept as it is .....

Accept after minor revision.....✓.....

Accept after major revision .....

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity			✓	
Significance		✓		

Reviewer Name: Shashi Prakash **Date:** 12-08-2025

Reviewer's Comment for Publication.

(*To be published with the manuscript in the journal*)

The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.

This research fills a significant gap by assessing short-term effects of dapagliflozin on diastolic dysfunction in T2DM patients with preserved ejection fraction, who are underrepresented in large outcome trials. The strengths include the prospective design, comprehensive echocardiographic evaluation, and potent statistical analysis. With minimal revisions to refine clarity, minimize redundancy, and sharpen conclusions, this manuscript will prove to be clinically valuable.

Detailed Reviewer's Report

1. The abstract is thorough but too elaborate, with unnecessary background and numeric information that can be trimmed. Prioritize the principal aims, primary methods (prospective cohort, echocardiographic indexes), main results (LAVI and LV dimension changes), and brief conclusion. Omit less important demographic information (e.g., rural spread, OHA exposure) from the abstract.

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2. The introduction discusses diabetic cardiomyopathy, pathophysiology, and SGLT2 inhibitor trials in detail but in an excessive and redundant manner. Condense to 3–4 targeted paragraphs: (1) T2DM burden of diastolic dysfunction, (2) limited choices for treatment, (3) conclusion from large SGLT2 trials and knowledge gap, (4) purpose of the study. Do not repeat trial data (DAPA-HF, DELIVER) in full—summarize instead.
3. The methods are clearly explained with good inclusion/exclusion criteria, but the echocardiographic grading and statistical plan explanation is too detailed. Briefly present major diagnostic criteria and parameters, relocate grading table to appendix or separate file, and condense statistical tests (paired t-test, chi-square) into one sentence. Emphasize that this was a single-center, prospective cohort to stress study design robustness.
4. The findings are abundant with clinical and echocardiographic information but poor in flow. Certain demographic data (alcohol, smoking, insulin types) are superfluous in the main text.
5. Use tables/figures to describe detailed patient characteristics and echocardiographic parameters instead of lengthy prose. Condense findings in the text by describing only important changes (e.g., LAVI, LV dimensions, p-values). Only briefly mention trends (such as E/e′ ratio) without overinterpretation.
6. Discussion links findings to previous studies well but is too long and sometimes redundant, paraphrasing DAPA-HF, DELIVER, and meta-analyses several times. Organize the quote as: (1) key findings, (2) comparison with existing research, (3) mechanistic information (anti-fibrotic/anti-inflammatory action), (4) clinical relevance, (5) limitations and requirement for future work. Summarize references to trials into 1–2 lines.
7. The conclusion mirrors the study objective but recycles detailed results instead of giving a concise take-home message. Condense into 3–4 sentences highlighting that dapagliflozin enhanced diastolic parameters with no side effects, justifying its early introduction into T2DM with preserved ejection fraction, and proposing the necessity for more extensive, longer-term trials.