# BUKTI KORESPONDENSI ARTIKEL PADA JURNAL INTERNASIONAL BEREPUTASI

**PENGUSUL: Dr. dr. Mahalul Azam, M.Kes**

**JUDUL ARTIKEL:**

**RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS: A CASE-CONTROL STUDY IN DR. KARIADI GENERAL HOSPITAL, SEMARANG, INDONESIA**

**Publikasi**

| | | |
|---|---|---|
| Judul | : | RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS: A CASE-CONTROL STUDY IN DR. KARIADI GENERAL HOSPITAL, SEMARANG, INDONESIA |
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| Quartile | : | Q4 (Scopus) |
| Cite Score | : | 0,6 |
| Penulis | : | Arulita Ika Fibriana, Mahalul Azam, Sri Maryuni, Fitri Indrawati, Rudatin Windraswara, and Niruwan Turnbull |

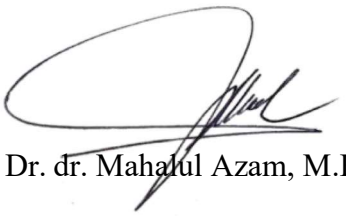
Kepada Yth.
Tim Penilai Usulan PAK

Bersama ini kami sertakan bukti korespondensi dan proses review artikel kami berjudul "RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS: A CASE-CONTROL STUDY IN DR. KARIADI GENERAL HOSPITAL, SEMARANG, INDONESIA" dipublikasikan di Malaysian Journal of Public Health Medicine Vol 20 No 2 tahun 2020 bulan Oktober 2020.

Resume Kronologi

| No | Tanggal | Aktivitas |
|---|---|---|
| 1 | 24 Oktober 2019 | Artikel Submit di jurnal |
| 2 | 25 Oktober 2019 | Submission dikonfirmasi Editor jurnal |
| 3 | 18 Februari 2020 | Email menanyakan kemajuan proses artikel di jurnal |
| 4 | 13 Agustus 2020 | Permintaan revisi dari Reviewer. (Komentar selengkapnya dalam lampiran di bawah ini)<br>- Komentar review melalui balloon commets di naskah MS Word<br>- Komentar dalam kolom yang disediakan jurnal |
| 5 | 17 Agustus 2020 | Revisi artikel disubmit ulang oleh peneliti |
| 6 | 19 Agustus 2020 | Artikel diterima |
| 7 | 19 Agustus 2020 | Permintaan revisi galley proof |
| 8 | 05 Oktober 2020 | Revisi galley proof dikirim ke jurnal |
| 9 | 07 Oktober 2020 | Jurnal dipublikasikan |

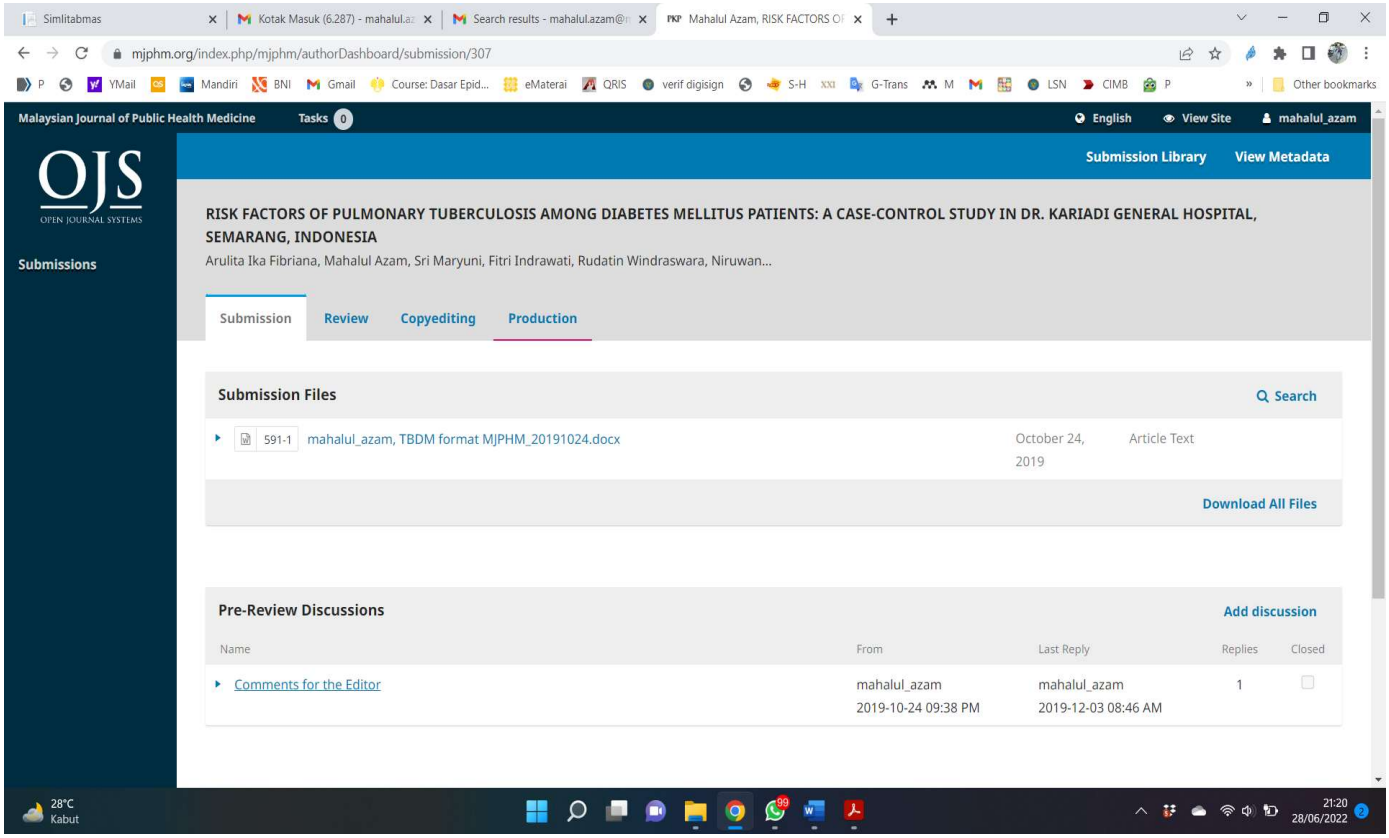
Demikian atas perhatian Bapak/Ibu, saya mengucapkan terima kasih



Dr. dr. Mahalul Azam, M.Kes

Semarang, 28 Juni 2022

**Lampiran Rinci Kronologi dan Dokumen Email Korespondensi dengan Editor Jurnal terlampir sebagai berikut:**



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Mahalul Azam <mahalul.azam@mail.unnes.ac.id>

# [MJPHM] Submission Acknowledgement

1 message

**Professor Dato' Dr. Syed Mohamed Aljunid** <saljunid@gmail.com> Fri, Oct 25, 2019 at 9:56 AM
To: Mahalul Azam <mahalul.azam@mail.unnes.ac.id>

Mahalul Azam:

Thank you for submitting the manuscript, "THE PREVALENCE AND RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS " to Malaysian Journal of Public Health Medicine. With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal web site:

Submission URL: http://mjphm.org/index.php/mjphm/authorDashboard/submission/307
Username: mahalul_azam

If you have any questions, please contact me. Thank you for considering this journal as a venue for your work.

Assist. Prof. Dr. Abed Al-abed
Editorial Assistant
Malaysia Journal of Public Health Medicine

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Malaysian Journal of Public Health Medicine

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Mahalul Azam <mahalul.azam@mail.unnes.ac.id>

# query about manuscript submission

3 messages

**Mahalul Azam** <mahalul.azam@mail.unnes.ac.id> Tue, Feb 18, 2020 at 6:25 AM
To: editor@mjphm.org

Dear Editor of the Malaysian Journal of Public Health Medicine

Dear Editor.

I hope this email finds you well.

It has been almost 5 months since we submitted a manuscript entitled "**THE PREVALENCE AND RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS: STUDY IN DR. KARIADI GENERAL HOSPITAL, SEMARANG, INDONESIA**", however, we have not received any information yet.

The article ID (file name in the system) is 307-Article Text-591-1-2-20191024.

We have a question, "Are there any mistakes or incompleteness that we can revise?"

We hope we can get information, whether the manuscript's status under review or even rejected?

Thank you very much for the information.

Best regards

Assoc. Prof. Mahalul Azam, MD, MPH, PhD
*Vice Dean for Academic Affairs*

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**Mahalul Azam <mahalul.azam@mail.unnes.ac.id>**

# [MJPHM] New notification from Malaysian Journal of Public Health Medicine

1 message

**Dr.Abdrabuh** <abdrabuh.um@yahoo.com> Sat, May 2, 2020 at 9:52 PM
Reply-To: "Professor Dato' Dr. Syed Mohamed Aljunid" <saljunid@gmail.com>
To: Mahalul Azam <mahalul.azam@mail.unnes.ac.id>

You have a new notification from Malaysian Journal of Public Health Medicine:

There is new activity in the discussion titled "Need information regarding our submission" regarding the submission "THE PREVALENCE AND RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS ".

Link: http://mjphm.org/index.php/mjphm/authorDashboard/submission/307

Professor Dato' Dr. Syed Mohamed Aljunid

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Malaysian Journal of Public Health Medicine

# [MJPHM] Editor Decision

2020-08-13 05:40 AM

Dr. Mahalul Azam, Dr. Arulita Ika Fibriana, Sri Maryuni, Fitri Indrawati, Rudatin Windraswara, Niruwan Turnbull:

We have reached a decision regarding your submission to Malaysian Journal of Public Health Medicine, "THE PREVALENCE AND RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS ".

Our decision is: Revisions Required

Dr. Abdrabuh Shwter
Editorial Assistant
Malaysia Journal of Public Health Medicine

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# [MJPHM] Editor Decision

2020-08-19 09:48 PM

Dr. Mahalul Azam, Dr. Arulita Ika Fibriana, Sri Maryuni, Fitri Indrawati, Rudatin Windraswara, Niruwan Turnbull:

We have reached a decision regarding your submission to Malaysian Journal of Public Health Medicine, "THE PREVALENCE AND RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS ".

Our decision is to: Accept Submission

Dr. Abdrabuh Shwter
Editorial Assistant
Malaysia Journal of Public Health Medicine

Revisions Required

**Participants**

R Endro Sulistyono (radendro)

Mahalul Azam (mahalul_azam)

Dr.Abdrabuh (shwter20)

**Messages**

| Note | From |
| --- | --- |
| Dr. Mahalul Azam, Dr. Arulita Ika Fibriana, Sri Maryuni, Fitri Indrawati, Rudatin Windraswara, Niruwan Tumbull:<br><br>We have reached a decision regarding your submission to Malaysian Journal of Public Health Medicine, "THE PREVALENCE AND RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATTENTS ".<br><br>Our decision is: Revisions Required<br><br>Dr. Abedrabuh Shwter<br>Editorial Assistant<br>Malaysia Journal of Public Health Medicine<br><br>shwter20, Reviewer 1 # comments.docx<br><br>shwter20, Reviewer 2 # comments.docx<br><br>shwter20, EVALUATION FORM assessed reviewer 1 #.pdf<br><br>shwter20, Evaluation form_MJPHM_Martha Kartasurya_TB on DM1.pdf<br><br>shwter20, Evaluation form_MJPHM_Martha Kartasurya_TB on DM2.pdf | shwter20<br>2020-08-13<br>05:31 AM |
| Dear Dr. Abdrabuh<br><br>Thank you very much for the review of our manuscripts.<br><br>We have revised our manuscript based on the reviewers' comments and enclosed are the files of the revised version.<br><br>- The revised version of the manuscript with the comments | mahalul_azam<br>2020-08-17<br>08:50 AM |

**Participants**

R Endro Sulistyono (radendro)

Mahalul Azam (mahalul_azam)

DrAbdrabuh (shwter20)

**Messages**

| | | |
|---|---|---|
| Note | Dr. Mahalul Azam, Dr. Arulita Ika Fibriana, Sri Maryuni, Fitri Indrawati, Rudatin Windraswara, Ninuwan Tumbull: | shwter20<br>From<br>2020-08-13<br>05:31 AM |

We have reached a decision regarding your submission to Malaysian Journal of Public Health Medicine, "THE PREVALENCE AND RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS ".

Our decision is: Revisions Required

Dr. Abedrabuh Shwter
Editorial Assistant
Malaysia Journal of Public Health Medicine

shwter20, Reviewer 1 # comments.docx

shwter20, Reviewer 2 # comments.docx

shwter20, EVALUATION FORM assessed reviewer 1 #.pdf

shwter20, Evaluation form_MJPHM_Martha Kartasurya_TB on DM1.pdf

shwter20, Evaluation form_MJPHM_Martha Kartasurya_TB on DM2.pdf

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|---|---|---|
| ▸ | Dear Dr. Abdrabuh | mahalul_azam<br>2020-08-17<br>08:50 AM |

Thank you very much for the review of our manuscripts.

We have revised our manuscript based on the reviewers' comments and enclosed are the files of the revised version.

- The revised version of the manuscript with the comments

**List of responses to the Reviewer's comments**

**Reviewer 1**

1. **Correction for the title → revised consider both reviewer become → RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS: A CASE-CONTROL STUDY IN DR. KARIADI GENERAL HOSPITAL, SEMARANG, INDONESIA**
2. **Grammatical errors in abstract and in full paper → revised**
3. **Detailed revised version in matrix and balloon comments in the text**

**Reviewer 2**

1. **Correction for the title → revised consider both reviewer become → RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS: A CASE-CONTROL STUDY IN DR. KARIADI GENERAL HOSPITAL, SEMARANG, INDONESIA**
2. **Grammatical errors in abstract and in full paper → revised**
3. **Describe the choosing of subjects (in abstract as well in full text) →** Cases of pulmonary TB were defined by a positive acid-fast bacilli smear or molecular rapid test and thorax x-ray; The control group consisted of DM patients that did not meet the pulmonary-TB diagnosis criteria, neither through clinical manifestation nor thorax x-ray.
4. **Which type of DM involved in the study → both type of DM as mentioned in methods section**
5. **Describe sampling methods → consecutive sampling revised in the methods**
6. **Describe determining of sample size → Lemeshow formula added in the methods section**
7. **Describe the criteria of treatment compliance → have stated in the methods section: →** Compliance criteria refer to the Morisky Medication Adherence Scale-8 as mentioned in methods as ell "Treatment compliance was defined according to the Morisky Medication Adherence Scale-8
8. **Describe the limitation of the study → stated in the discussion indirectly include the recommendation for future studies.**
9. **Explore the proportion of contact status in the duration of DM → after open the specific data of proportion of contacts status based on duration of DM we concluded →** The present study did not provide evidence of a longer duration of DM as a risk factor for pulmonary TB, because of the interaction of household contact (OR=63.3) as the most influential factor. In this study, the proportion of shorter duration of DM was higher in the subjects with household contact group compared to the negative contact group (Figure 2).
10. **Direction of the association should be stated in results, discussion, and conclusion → revised**
11. **Detailed revised version in matrix and balloon comments in the text**

**Reviewer's comments matrix and the responses**

| TOPIC/SECTION | COMMENTS REVIEWER 1 | COMMENTS REVIEWER 2 | REVISION |
|---|---|---|---|
| Title | The "title" should be descriptive, accurate, direct, suitable, appealing, concise, precise and distinctive; The paper needs to pick a title that captures attention describes the manuscript's contents correctly and makes individuals want to read more. Indicate the study's design with a commonly used term in the title or the abstract. Consider adding the text: A cross-sectional study Recommendation Title: THE PREVALENCE AND RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS: A CASE-CONTROL STUDY STUDY IN DR. KARIADI GENERAL HOSPITAL, SEMARANG, INDONESIA | It is better to delete the prevalence and study, to make it shorter | **RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS: A CASE-CONTROL STUDY IN DR. KARIADI GENERAL HOSPITAL, SEMARANG, INDONESIA** |
| Abstract | The "abstract" is the "original impressions" of a research article and must be drawn up properly, carefully, accurately, and meticulously. The abstract | Please mention briefly how the subjects were chosen from their groups | Diabetes mellitus (DM) is a well-known risk factor for tuberculosis (TB). Prevalence of TB among DM patients ranged from 1.7 % to 36 %. Limited information has been reported regarding TB among DM patients in Indonesia. This case-control study aimed to investigate prevalence and related |

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| | as a miniature manuscript must be smooth, clear, unbiased, frank, concise, accurate, stand-alone, complete, (ideally) organised, and not misrepresented. | | factors of pulmonary TB among DM patients in Dr. Kariadi General Hospital. Cases of pulmonary TB were defined by a positive acid-fast bacilli smear or molecular rapid test and thorax x-ray. Data were presented as frequency and percentage comparing the case and control group. *Chi-square* continued by *Binary logistic regression* analyses were done to determine the relationship between the parameters and TB status performed by the SPSS 16. Prevalence of 8.02% or 72 patients were diagnosed as having pulmonary TB from 898 registered patients with DM. Of the 72 TB patients, 30 completed the data as case group, and 45 DM patients without TB determined as a control group. Comparison between the case and control group study found differences in household contact (63.3 % and 4.4 %, respectively), random plasma glucose (76.7 % and 33.3 %), duration of DM (40 % and 71 %), and treatment compliance (30 % and 68.9 %). The final model in *Binary logistic regression* involved household contact, random plasma glucose level, and treatment compliance. The prevalence of pulmonary TB among DM patients in Dr. Kariadi General Hospital was 8.02%. Risk factors that were associated with this occurrence were: household contact, high random plasma glucose level, and poor treatment compliance. |
| Introduction | Case-control research is a vital tool used<br>by epidemiologists or researchers who<br>look into the factors affecting the health<br>and illness of populations. In a casecontrol<br>study, the groups are defined based | **Minor corrections in the sentence.**<br>**Please mention that all types of Diabetes Mellitus were included or not.** | Added in the methods section<br><br>Secondary data were obtained from the medical records of the DM patients registry, either type I or type II DM, recorded at Dr. Kariadi General Hospital from January to July 2019. Primary data were obtained directly by interviewing subjects |

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| | on the presence or absence of a given<br>disease and, hence, only one disease can be<br>studied at a time. The case-control study<br>compensates for this by providing<br>information on a wide range of exposures<br>that may play a role in the development of<br>the disease. | | |
| **Methodology**<br>- Population<br>- Sampling & Sample<br>- Data Collection<br>- Data Analysis<br>- Definition | Matching is one of three ways (along with<br>exclusion and statistical adjustment) to<br>adjust for differences in a case-control<br>study. It was matching attempts to make<br>sure that the control group is sufficiently<br>similar to the cases group, with respects to<br>variables such as age, sex, category of residence, level of household income and<br>employment status. It is common to see<br>case-control studies in which each case is<br>matched to as many as three or four<br>controls.<br>Please explain matching of the study, and<br>how controls should be selected briefly | Please add the sampling method for each group (case and control).<br>Please mention about the criteria of compliance.<br>Please add the sample size calculation base. | Sampling methods for case or control groups were consecutive sampling as mentioned in methods section<br><br>Compliance criteria refer to the Morisky Medication Adherence Scale-8 as mentioned in methods as ell "Treatment compliance was defined according to the Morisky Medication Adherence Scale-8 as published elsewhere[14]"<br><br>Sample size formula calculated by Lemeshow formula<br>$n1 = n2$<br>$= \frac{\{Z\alpha\sqrt{2P(1-P)} + Z\beta\sqrt{P_1(1-P_1)+P_2(1-P_2)}\}^2}{(P_1-P_2)^2}$<br>Added in the methods section |

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| | Please written population, sampling and sample of this study, including data collection, data analysis, and definition. It is recommended use CASP Checklist: 11 questions to help make sense of a Case-Control Study which available in https://casp-uk.net/wpcontent/uploads/2018/01/CASP-Case-Control-Study-Checklist-2018.pdf | | |
| **Results**<br>- Descriptive<br>- Analytic / Hypothesis<br>- Testing<br>- Data Presentation = Tables, figures etc | A case-control study is a way of carrying out a medical investigation to confirm or indicate what is likely to have caused a condition. They are usually retrospective, meaning that the researchers look at past data to test whether a particular outcome can be linked back to a suspected risk factor and prevent further outbreaks. Prospective case-control studies are less common. These involve enrolling a specific selection of people and following that group while monitoring their health. | All of the results of the risk factors should be mentioned in one direction. | Revised |

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| | Cases emerge as people who develop the disease or condition under investigation as the study progresses—those unaffected by the disease form the control group. One measure of association derived from casecontrol studies is sensitivity and specificity ratios. These measures are essential to a researcher to understand the correct classification. A good understanding of sensitivity and specificity is necessary to understand the receiver operating characteristic curve and in distinguishing correct classification of positive exposure and disease with negative exposure and no disease.<br>**Analysis and Interpretation**<br>Analysis and Interpretation<br>In a case-control study, it is possible to compare the frequencies of exposures in the cases and controls. However, what one is interested in is a comparison of the | | |

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| | frequencies of the disease in the exposed and the unexposed. The latter comparison is usually expressed as a relative risk (RR). It is not possible to calculate the RR directly in a case-control study because exposed and unexposed groups have not been followed to determine the rates of occurrence of the disease in the two groups. Nevertheless, it is possible to calculate another statistic, the odds ratio (OR), which, if certain assumptions hold, is a reasonable estimate of the RR. For cases and controls, the exposure odds are simply the odds of being exposed. An OR of 1 indicates that the rate of disease is unaffected by exposure of workers to the agent of interest. An OR >1 shows an increase in the rate of disease in exposed workers. | | |

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| **Discussion**<br>-<br>Magnitude/Consistency<br>- Cause-effect relationship<br>- Bias / Limitation | While a case-control study can help to test<br>a hypothesis about the link between a risk<br>factor and an outcome, it is not as powerful<br>as other types of study in confirming a<br>causal relationship. Case-control studies<br>are often used to provide early clues and<br>inform further research using more<br>rigorous scientific methods. The main<br>problem with case-control studies is that<br>they are not as reliable as planned studies<br>that record data in real-time, because they<br>look into data from the past. The main<br>limitations of case-control studies are<br>Recall bias, Cause and effect, Sampling<br>bias. Please explain, in this paper, how to<br>minimise the bias, briefly. | The limitation of the study is not mention.<br>Please look up in your data set, if the longer duration of DM patients had more positive in household contact. It could be the interaction between the factors. The results may explain why the longer duration had a lower chance to have TB | Limitations of study states in the discussion indirectly such as:<br>- Unfortunately, the present study failed to provide the HbA1C level data which would describe glucose control more precisely<br>- Considering a wide multi-center study with more sample size for further study may minimize the variable interactions<br><br>The posibility of interaction with household contact was added in the discussion and showed in Fig. 2 |
| **Conclusion** | In a case-control study (also known as a<br>case-referent study), two groups of<br>individuals are selected for study, of which<br>one has the disease whose causation is to | Please mention the direction of the risk factors | Revised |

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| | be studied (the cases), and the other does not (the controls). This is done by obtaining an indirect estimate of the rate of occurrence of the disease in an exposed and an unexposed group by comparing the frequency of exposure among cases and controls. | | |
| **References**<br>- Format MJPHM | | | |
| **Detail Comments**<br>(please advise the authors on how to improve their paper) | Overall, this manuscript is professionally written and provides useful information to help better understand the prevalence and related factors of pulmonary TB among DM patients in Dr. Kariadi General Hospital, Indonesia. However, before recommending for publication, I have a few comments that ought to be considered | Suggested title:<br>THE RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS IN DR. KARIADI GENERAL HOSPITAL, SEMARANG, INDONESIA<br><br>Please add the sampling method in each group, the sample size calculation base.<br><br>Please mention that all types of Diabetes Mellitus were included or not.<br><br>Please mention about the criteria of compliance.<br><br>All of the results of the risk factors should be mentioned in one direction.<br><br>The limitation of the study is not mention.<br><br>Please look up in your data set, if the longer duration of DM patients had more positive in household contact. It could be the interaction between the factors. The results may explain why the longer duration had a lower chance to have TB. If not, try to find another reason why longer duration have a lesser chance to have TB. | Revised as stated above |

# MALAYSIAN JOURNAL OF PUBLIC HEALTH MEDICINE (MJPHM)

## EVALUATION FORM

**Title & ref. no.: The Prevalence and Risk Factors of Pulmonary Tuberculosis Among Diabetes Mellitus Patients: Study In Dr. Kariadi General Hospital, Semarang, Indonesia & 307-Article Text-914-1-4-20191024**

*Kindly fill in this form as accurate as possible. Thank you for your kind cooperation.*

| TOPIC/SECTION | ACCEPTABLE* | COMMENTS+ |
|---|---|---|
| **Title** | √ | The "title" should be descriptive, accurate, direct, suitable, appealing, concise, precise and distinctive; The paper needs to pick a title that captures attention describes the manuscript's contents correctly and makes individuals want to read more. Indicate the study's design with a commonly used term in the title or the abstract. Consider adding the text: A cross-sectional study<br><br>Recommendation Title: THE PREVALENCE AND RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS: A CASE-CONTROL STUDY STUDY IN DR. KARIADI GENERAL HOSPITAL, SEMARANG, INDONESIA |
| **Abstract** | √ | The "abstract" is the "original impressions" of a research article and must be drawn up properly, carefully, accurately, and meticulously. The abstract as a miniature manuscript must be smooth clear, unbiased, frank, concise, accurate, stand-alone, complete, (ideally) organised, and not misrepresented. |
| **Introduction** | √ | Case-control research is a vital tool used by epidemiologists or researchers who look into the factors affecting the health and illness of populations. In a case-control study, the groups are defined based on the presence or absence of a given disease and, hence, only one disease can be studied at a time. The case-control study compensates for this by providing information on a wide range of exposures that may play a role in the development of the disease. |
| **Methodology**<br>- Population<br>- Sampling & Sample<br>- Data Collection<br>- Data Analysis<br>- Definition | √ | Matching is one of three ways (along with exclusion and statistical adjustment) to adjust for differences in a case-control study. It was matching attempts to make sure that the control group is sufficiently similar to the cases group, with respects to variables such as age, sex, category of |

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| | | residence, level of household income and employment status. It is common to see case-control studies in which each case is matched to as many as three or four controls.<br>Please explain matching of the study, and how controls should be selected briefly<br>Please written population, sampling and sample of this study, including data collection, data analysis, and definition.<br><br>It is recommended use CASP Checklist: 11 questions to help make sense of a Case-Control Study which available in https://casp-uk.net/wp-content/uploads/2018/01/CASP-Case-Control-Study-Checklist-2018.pdf |
| **Results**<br><br>- Descriptive<br>- Analytic / Hypothesis<br>- Testing<br>- Data Presentation = Tables, figures etc | √ | A case-control study is a way of carrying out a medical investigation to confirm or indicate what is likely to have caused a condition. They are usually retrospective, meaning that the researchers look at past data to test whether a particular outcome can be linked back to a suspected risk factor and prevent further outbreaks. Prospective case-control studies are less common. These involve enrolling a specific selection of people and following that group while monitoring their health. Cases emerge as people who develop the disease or condition under investigation as the study progresses—those unaffected by the disease form the control group. One measure of association derived from case-control studies is sensitivity and specificity ratios. These measures are essential to a researcher to understand the correct classification. A good understanding of sensitivity and specificity is necessary to understand the receiver operating characteristic curve and in distinguishing correct classification of positive exposure and disease with negative exposure and no disease.<br><br>**Analysis and Interpretation**<br>Analysis and Interpretation<br>In a case-control study, it is possible to compare the frequencies of exposures in the cases and controls. However, what one is interested in is a comparison of the frequencies of the disease in the exposed and the unexposed. The latter comparison is usually expressed as a relative risk (RR). It is not possible to calculate the RR directly in a case-control study because exposed and unexposed groups have not been followed to determine the rates of occurrence of the disease in the two groups. Nevertheless, it is possible to calculate another statistic, the odds ratio (OR), which, if certain assumptions hold, |

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|---|---|---|
| | | is a reasonable estimate of the RR. For cases and controls, the exposure odds are simply the odds of being exposed. An OR of 1 indicates that the rate of disease is unaffected by exposure of workers to the agent of interest. An OR >1 shows an increase in the rate of disease in exposed workers. |
| **Discussion**<br><br>- Magnitude/Consistency<br>- Cause-effect relationship<br>- Bias / Limitation | √ | While a case-control study can help to test a hypothesis about the link between a risk factor and an outcome, it is not as powerful as other types of study in confirming a causal relationship. Case-control studies are often used to provide early clues and inform further research using more rigorous scientific methods. The main problem with case-control studies is that they are not as reliable as planned studies that record data in real-time, because they look into data from the past. The main limitations of case-control studies are Recall bias, Cause and effect, Sampling bias. Please explain, in this paper, how to minimise the bias, briefly. |
| **Conclusion** | √ | In a case-control study (also known as a case-referent study), two groups of individuals are selected for study, of which one has the disease whose causation is to be studied (the cases), and the other does not (the controls). This is done by obtaining an indirect estimate of the rate of occurrence of the disease in an exposed and an unexposed group by comparing the frequency of exposure among cases and controls. |
| **References**<br>- Format MJPHM | √ | |

- * *Tick √ if Yes and X if No*
- 
- \+ *Give your expect opinion on the matter, use separate sheets if necessary*

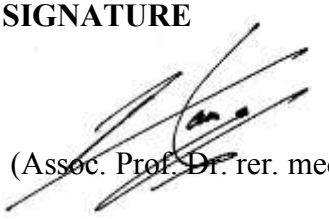
**Detail Comments** (please advise the authors on how to improve their paper)

Overall, this manuscript is professionally written and provides useful information to help better understand the prevalence and related factors of pulmonary TB among DM patients in Dr. Kariadi General Hospital, Indonesia. However, before recommending for publication, I have a few comments that ought to be considered.

**RECOMMENDATION (tick √)**

| | |
|---|---|
| √ | = Accepted for publication (with minor corrections) |
| | = Accepted for publication (after major corrections) |
| | = To be resubmitted |
| | = To be rejected |

**SIGNATURE**



(Assoc. Prof. Dr. rer. med. H. Hamzah Hasyim, S.KM, M.KM)

*MALAYSIAN JOURNAL OF PUBLIC HEALTH MEDICINE (MJPHM)*

# EVALUATION FORM

**Title & ref. no.:** THE PREVALENCE AND RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS: STUDY IN DR. KARIADI GENERAL HOSPITAL, SEMARANG, INDONESIA
307-Article Text-914-1-4-20191024

*Kindly fill in this form as accurate as possible. Thank you for your kind cooperation.*

| TOPIC/SECTION | ACCEPTABLE* | COMMENTS+ |
|---|---|---|
| **Title** | √ | It is better to delete the prevalence and study, to make it shorter |
| **Abstract** | √ | Please mention briefly how the subjects were chosen from their groups |
| **Introduction** | √ | Minor corrections in the sentence.<br>Please mention that all types of Diabetes Mellitus were included or not. |
| **Methodology**<br>- Population<br>- Sampling & Sample<br>- Data Collection<br>- Data Analysis<br>- Definition | √ | Please add the sampling method for each group (case and control).<br>Please mention about the criteria of compliance.<br>Please add the sample size calculation base. |
| **Results**<br>- Descriptive<br>- Analytic / Hypothesis<br>- Testing<br>- Data Presentation = Tables, figures etc | √ | All of the results of the risk factors should be mentioned in one direction. |
| **Discussion**<br>- Magnitude/Consistency<br>- Cause-effect relationship<br>- Bias / Limitation | √ | The limitation of the study is not mention.<br>Please look up in your data set, if the longer duration of DM patients had more positive in household contact. It could be the interaction between the factors. The results may explain why the longer duration had a lower chance to have TB |

| | | |
|---|---|---|
| Conclusion | √ | Please mention the direction of the risk factors |
| **References**<br>- Format MJPHM | √ | |

- * *Tick √ if Yes and X if No*
- + *Give your expect opinion on the matter, use separate sheets if necessary*

**Detail Comments** (please advise the authors on how to improve their paper)
Suggested title:
THE RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS IN DR. KARIADI GENERAL HOSPITAL, SEMARANG, INDONESIA

Please add the sampling method in each group, the sample size calculation base.

Please mention that all types of Diabetes Mellitus were included or not.

Please mention about the criteria of compliance.

All of the results of the risk factors should be mentioned in one direction.

The limitation of the study is not mention.

Please look up in your data set, if the longer duration of DM patients had more positive in household contact. It could be the interaction between the factors. The results may explain why the longer duration had a lower chance to have TB. If not, try to find another reason why longer duration have a lesser chance to have TB.

**RECOMMENDATION (tick √)**

| | |
|---|---|
| √ | = Accepted for publication (with minor corrections) |
| | = Accepted for publication (after major corrections) |
| | = To be resubmitted |
| | = To be rejected |

**SIGNATURE**

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( Martha Irene Kartasurya, MD, MSc, PhD)