BUKTI KORESPONDENSI ARTIKEL PADA JURNAL INTERNASIONAL BEREPUTASI

PENGUSUL: dr. Arulita Ika Fibriana, M.Kes(Epid)

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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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) - Komentar review melalui balloon commets di naskah MS Word - 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

Semarang, 15 April 2023

Pengusul,

dr. Arulita Ika Fibriana, M.Kes (Epid)

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

[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

Malaysian Journal of Public Health Medicine

[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 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. 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	shwter20 2020-08-13 05:31 AM
▸ Dear Dr. Abdrabuh 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	mahalul_azam 2020-08-17 08:50 AM

Participants

R. Endro Sulistyono (radendro)

Mahalul Azam (mahalul_azam)

Dr.Abdrabuh (shwter20)

Messages

Dr. Mahalul Azam, Dr. Arulita Ika Fibriana, Sri Maryuni, Fitri Indrawati, Rudatin Windraswara, Niruwan Turnbull:	shwter20 From 2020-08-13 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

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▶ Dear Dr. Abdrabuh	mahalul_azam 2020-08-17 08:50 AM

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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

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RISK FACTORS OF PULMONARY TUBERCULOSIS AMONG DIABETES MELLITUS PATIENTS: A CASE-CONTROL STUDY IN DR. KARIADI GENERAL HOSPITAL, SEMARANG, INDONESIA
Arulita Ika Fibriana, Mahalul Azam, Sri Maryuni, Fitri Indrawati, Rudatin Windraswara, Niruwan...

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Submission   Review   Copyediting   Production

Round 1   Round 2

Round 2 Status
Submission accepted.

Notifications

[MJPHM] Editor Decision   2020-08-13 05:40 AM

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

Submission **Review** **Copyediting** **Production**

Copyediting Discussions   Add discussion

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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 as a miniature manuscript must be smooth, clear, unbiased, frank, concise, accurate, stand-	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 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

	alone, complete, (ideally) organised, and not misrepresented.		<mark>or molecular rapid test and thorax x-ray</mark>. 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 by epidemiologists or researchers who look into the factors affecting the health and illness of populations. In a casecontrol study, the groups are defined based on the presence or absence of a given disease and, hence, only one disease can be	**Minor corrections in the sentence.** **Please mention that all types of Diabetes Mellitus were included or not.**	Added in the methods section\n\nSecondary data were obtained from the medical records of the DM patients registry, <mark>either type I or type II DM</mark>, recorded at Dr. Kariadi General Hospital from January to July 2019. Primary data were obtained directly by interviewing subjects

	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 - Population - Sampling & Sample - Data Collection - Data Analysis - 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 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. Please explain matching of the study, and how controls should be selected briefly Please written population, sampling and sample of this study, including data	Please add the sampling method for each group (case and control). Please mention about the criteria of compliance. Please add the sample size calculation base.	Sampling methods for case or control groups were consecutive sampling as mentioned in 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 as published elsewhere[14]" Sample size formula calculated by Lemeshow formula $n1 = n2$ $$= \frac{\{Z\alpha\sqrt{2P(1-P)} + Z\beta\sqrt{P_1(1-P_1)+ P_2(1-P_2)}\}^2}{(P_1- P_2)^2}$$ Added in the methods section

	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 - Descriptive - Analytic / Hypothesis - Testing - 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	All of the results of the risk factors should be mentioned in one direction.	Revised

	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. ## Analysis and Interpretation Analysis and Interpretation 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, 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

-
Magnitude/Consistency
- Cause-effect
relationship
- 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. | 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 | Limitations of study states in the discussion indirectly such as:

- Unfortunately, the present study failed to provide the HbA1C level data which would describe glucose control more precisely
- Considering a wide multi-center study with more sample size for further study may minimize the variable interactions

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
case-referent study), two groups of
individuals are selected for study, of which
one has the disease whose causation is to | Please mention the direction of the risk factors | Revised |

	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 - Format MJPHM			
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	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.	Revised as stated above

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