

BUKTI KORESPONDENSI
ARTIKEL JURNAL INTERNASIONAL SCOPUS Q3

Judul artikel: A Retrospective cross-sectional study of urinary tract infections and prevalence of antibiotic resistant pathogens in patients with diabetes mellitus from a public hospital in Surabaya

Jurnal : GERMS, 2020 : 10 (3)

Author : Norafika; Arbianti, N; Prihatiningsih S; Indriati DW; Indriati, D.W

No	Perihal	Tanggal
1	Bukti pengiriman artikel	25 Maret 2020
2	Bukti hasil review I	15 Juni 2020
3	Bukti pengiriman revisi I	14 Juli 2020
4	Bukti penerimaan artikel	15 Juli 2020
5	Bukti <i>proof for manuscript</i>	28 Agustus 2020
6	Bukti publikasi	7 September 2020

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25-Mar-2020

Dear Dr. Indriati:

Your manuscript entitled "A Retrospective Cross-Sectional Study of Urinary Tract Infection and Antibiotic Resistant Pathogens in Diabetes Mellitus Patients from Private Hospital in Surabaya, Indonesia" has been successfully submitted online and is presently being given full consideration for publication in **GERMS**.

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No	Perihal	Tanggal
2	Bukti hasil review	15 Juni 2020

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15-Jun-2020

Dear Dr. Indriati:

Manuscript ID GERMS-OA-2020-0030 entitled "A Retrospective Cross-Sectional Study of Urinary Tract Infection and Antibiotic Resistant Pathogens in Diabetes Mellitus Patients from Private Hospital in Surabaya, Indonesia" which you submitted to GERMS, has been reviewed. The comments of the reviewers are included at the bottom of this letter.

I invite you to respond to the comments below and revise your manuscript.

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Because we are trying to facilitate timely publication of manuscripts submitted to GERMS, your revised manuscript should be submitted by 15 July 2020.

Once again, thank you for submitting your manuscript to GERMS and we look forward to receiving your revision.

Sincerely,
 Dr. Oana Sandulescu
 Editor, [GERMS](#)
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Associate Editor Comments to Author:

Editor
 Comments to the Author:
 Thank you for submitting your research to our journal. Your work is important. Please find below a list of queries for minor revisions:

- In the byline, please assign each author one consecutive, non-repetitive number.
- Please list titles (i.e., MD, PhD) for each author.

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Comments to the Author:
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- In the byline, please assign each author one consecutive, non-repetitive number.
- Please list titles (i.e., MD, PhD) for each author.
- Please check that postal address is listed for each author.
- Author contributions statement – please include: All authors read and approved the final version of the study.
- Please find attached the iThenticate similarity check and address any potential highlighted issues.

ABSTRACT

- Please revise the following phrase: "Diabetes Mellitus is a metabolic disease which can cause many complications, and urinary tract infection considered as the major one." UTI is not directly a complication of DM, but it is an occurrence of an infection which can indeed become complicated in patients with DM.
- In the following phrase: "and antibiotic resistant pathogens found in diabetes mellitus patients" – please specify "urinary" or "from the urine"
- This phrase is hard to understand: "The prevalence of UTI was 10.7% (161 patients), and 37.9% (61 patients) were confirmed with urine culture for UTI diagnosis." Do you mean that among the 161 patients, 61 of them were confirmed by urine culture? How was UTI diagnosed in the rest of the patients? Confirmation by urine culture was an inclusion criterion for the study, so this is probably not correct.
- Please revise phrasing: "This study also showed multiple drug-resistant organisms (MDRO) found in UTI". The current phrase suggests that the etiology of UTI was plurimicrobial. It would be best to revise to "multidrug-resistant organisms", the term that you have also used in the rest of the manuscript.
- Please rephrase the conclusion, as the current phrase is hard to understand: "The case of UTI seen in DM patient shows the importance of personal management from DM patient to prevent other complications caused by DM." Complications of DM generally include decompensation of DM, hypo- or hyper-glycemia, diabetic foot, and end-organ damage due to altered microcirculation. None of these have anything to do with UTI.

INTRODUCTION

- Please rephrase: "with symptoms such as the body is resistant to insulin" – these are not symptoms.
- Acute cystitis should also be mentioned in this list: "Urinary tract infection comprises several clinical syndromes including asymptomatic bacteriuria, acute pyelonephritis and severe urosepsis."
- In the following phrase "UTI prevalence determined by the age and gender, with the probability of female DM patients acquiring UTI is 50% to 80%." it is unclear what "with the probability of female DM patients acquiring UTI" refers to.

METHODS

- Please provide a brief description of the hospital where this study was performed – type of hospital, number of beds, medical specialties, etc.

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METHODS

- Please provide a brief description of the hospital where this study was performed – type of hospital, number of beds, medical specialties, etc.
- Please also specify the city of headquarters for Oxoid.
- "T-test was used to compare means and age group" – means of which parameter?
- "Mann-Whitney was used to compare means and random blood sugar value" – means of which parameter?
- Was the study approved by an Institutional Review Board and/or an Ethics Committee?

RESULTS

- It would be essential to classify the UTIs into "lower" i.e., cystitis or "upper" i.e., pyelonephritis, particularly since in the section on antimicrobial susceptibility you are presenting the results for fosfomycin and nitrofurantoin, which can only be used for lower UTI.
- Table 2. Please present all p values with three decimals.
- Table 3 is very hard to read because it has too many columns. Perhaps it could be split into 2-3 tables? Or maybe the germs where only one isolate is listed can be removed from the table and only discussed in the text.
- Fig 1: Please capitalize "Gram" and revise spelling of "baumanni". Please provide this as colored figure, because the percentages are hard to following in gray shades.
- Fig 1: Why 61 and not 161 patients?

DISCUSSION:

- Please rephrase: "Several major factors were associated with the increase of urinary tract infections prevalence observed in DM patients listed as age, gender, DM duration, glycemic status." In order to talk about an "increase", a temporal trend should be analyzed.
- Please rephrase: "In addition, fungal infection was dominantly caused by Candida sp. (26.2%)". From the current phrasing, it is understood that among all cases of fungal UTI Candida accounted for 26.2%.
- Please revise phrasing "Since candiduric can be life threatening complications".
- Please revise this statement: "It is highly recommended to treat UTI using carbapenem, fosfomycin, nitrofurantoin and aminoglycoside antibiotics such as vancomycin". A carbapenem should only be reserved for complicated upper UTI in patients with risk factors for ESBL germs, while fosfomycin and nitrofurantoin should only be used for uncomplicated lower UTI. Aminoglycosides should only be used for reserved cases as last resort because of their important nephrotoxicity and ototoxicity.
- What does "beta-lactam" refer to in this phrase: "Since high resistance was observed, it is not recommended to use trimethoprim-sulfamethoxazole, beta-lactam, fluoroquinolone, cephalosporin, ampicillin, and tetracycline to treat UTI in DM patients found in this study." (ampicillin, cephalosporins, carbapenems – they are all beta-lactam drugs).
- Please revise the term "patient collections".

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CONCLUSIONS

- Please revise "cause" to "etiology" in the following phrase: "The most common cause for UTI was Escherichia coli".
- Please revise this statement: "Fosfomycin, nitrofurantoin, meropenem, and vancomycin are considered to be suitable prescription of antibiotics for UTI treatment in DM patients." Please see my comment above: A carbapenem should only be reserved for complicated upper UTI in patients with risk factors for ESBL germs, while fosfomycin and nitrofurantoin should only be used for uncomplicated lower UTI. Furthermore, vancomycin should never be used as single agent in the empirical treatment of UTI, because Gram-positive cocci are not the etiological agents of UTI as often as Gram-negative bacilli.

Reviewers' Comments to Author:

Reviewer: 1

Comments to the Author

- 1- A few of the names of bacteria (genus and species) and genes are not italic. Please correct the manuscript.
- 2- There are issues with spelling, grammar, punctuation, typography and English language usage throughout the manuscript

Reviewer: 2

Comments to the Author

Thank you for your work it is interesting, but I have some doubts:

Some sentences are contradictory (i.e. "This study was a retrospective cross-sectional study with hundred sixty-one hospitalized patients with DM and UTI. These patients were identified from a total of 1551 DM patients..").
It is not clear whether the population are T2DM, T1DM or both.
It is not clear how severe DM type is and what type of medication they take for control their glycemia levels.
It is not clear the values of HbA1C.
Was UTI the reason for hospitalization? Has UTI resulted from procedures performed at the hospital?

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I think these questions should be answered.

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3	Bukti pengiriman revisi	14 Juli 2020

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14-Jul-2020

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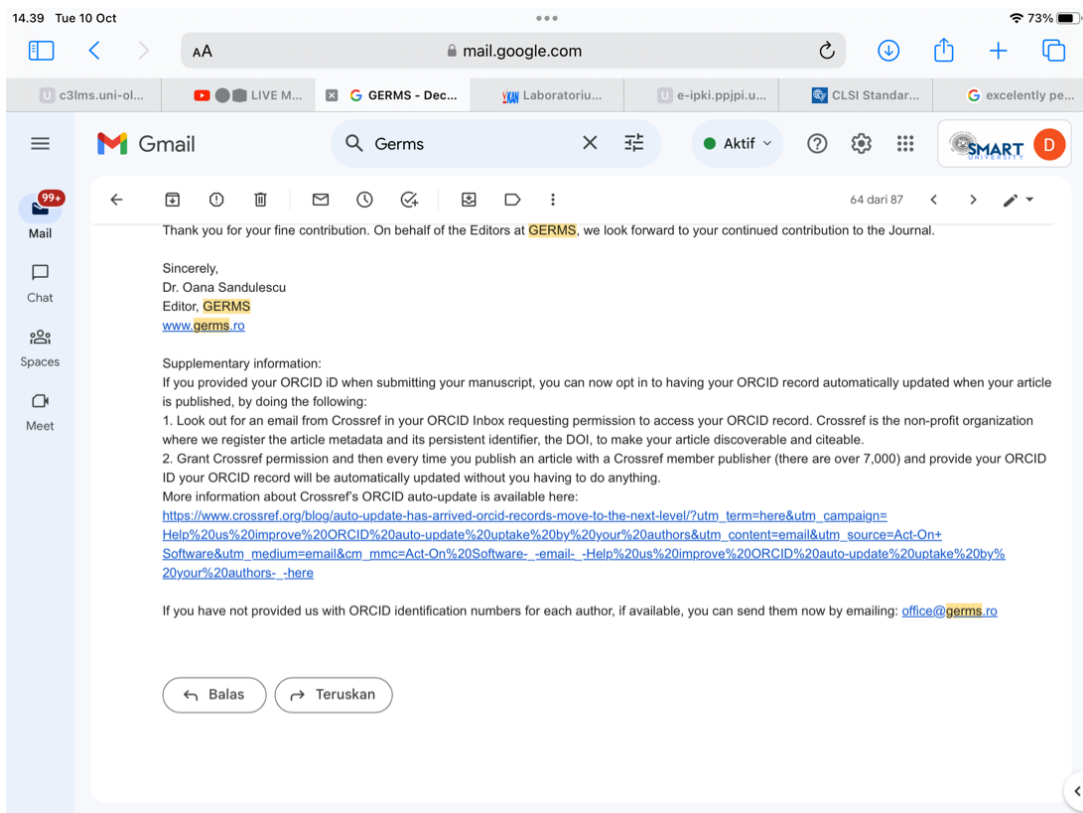
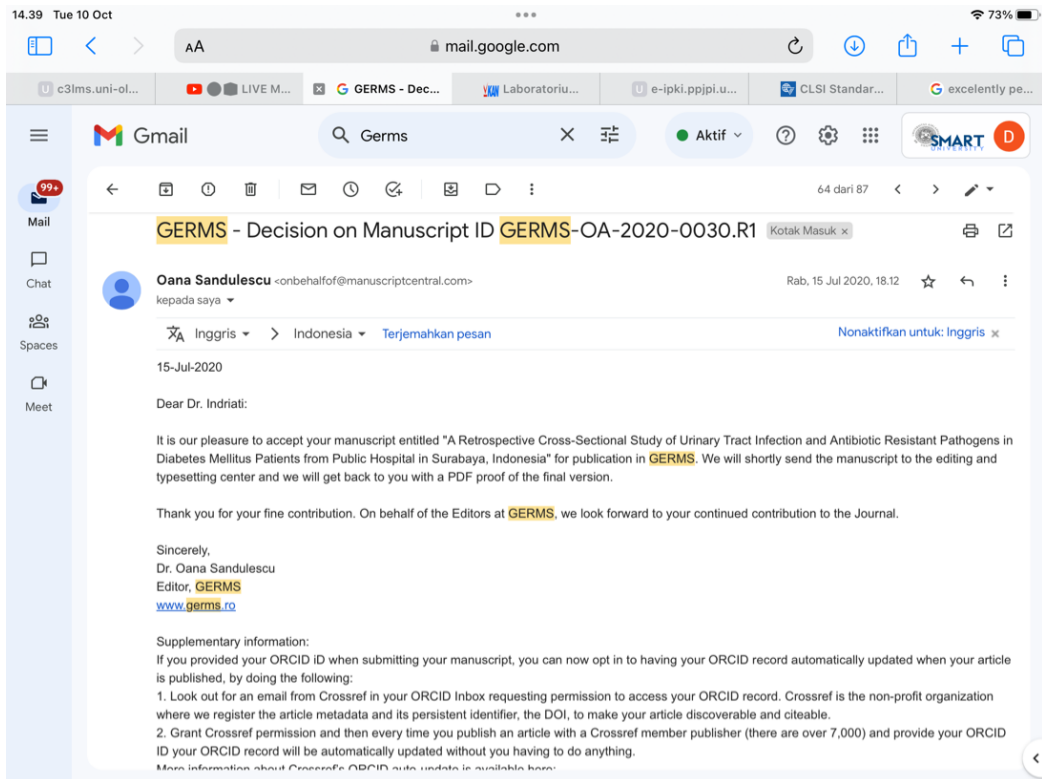
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No	Perihal	Tanggal
4	Bukti penerimaan artikel (<i>acceptance</i>)	15 Juli 2020



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5	Bukti <i>proofread for manuscript</i>	28 Agustus 2020

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Jum, 28 Agu 2020, 02.29

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Best regards,

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Executive Editor, GERMS
www.gems.ro

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Sent: Monday, August 24, 2020 10:52 PM
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To refer to this article in your future work, kindly use the following information:
Norafika, Arbianti N, Prihatiningsih S, Indriani DW, Indriati DW. A retrospective cross-sectional study of urinary tract infections and prevalence of antibiotic resistant pathogens in patients with diabetes mellitus from a public hospital in Surabaya, Indonesia. **GERMS**. 2020;10(3):157-166. doi: 10.18683/germs.2020.1201

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