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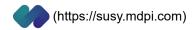
Previously Published Papers

Wong, C.-S.; Chen, T.-T.; Chang, W.-P.; Wong, H.S.-C.; Wu, M.-Y.; Adikusuma, W.; Lin, Y.-F.; Chang, W.-C. Prognostic Effect of Comorbid Disease and Immune Gene Expression on Mortality in Kidney Cancer—A Population Based Study. Cancers 2020, 12, 1654. doi: 10.3390/cancers12061654

Muhammad Irham, L.; Chou, W.-H.; Wang, Y.-S.; Adikusuma, W.; Sung-Ching Wong, H.; Aryani Perwitasari, D.; Huang, W.-C.; Chen, B.-K.; Yang, H.-I.; Chang, W.-C. Evaluation for the Genetic Association between Store-Operated Calcium Influx Pathway (STIM1 and ORAI1) and Human Hepatocellular Carcinoma in Patients with Chronic Hepatitis B Infection. *Biology* **2020**, *9*, 388. doi: 10.3390/biology9110388

Adikusuma, W.; Chou, W.-H.; Lin, M.-R.; Ting, J.; Irham, L.M.; Perwitasari, D.A.; Chang, W.-P.; Chang, W.-C. Identification of Druggable Genes for Asthma by Integrated Genomic Network Analysis. *Biomedicines* **2022**, *10*, 113. doi: 10.3390/biomedicines10010113

Santri, I.N.; Irham, L.M.; Djalilah, G.N.; Perwitasari, D.A.; Wardani, Y.; Phiri, Y.V.A.; Adikusuma, W. Identification of Hub Genes and Potential Biomarkers for Childhood Asthma by Utilizing an Established Bioinformatic Analysis Approach. *Biomedicines* **2022**, *10*, 2311. doi: 10.3390/biomedicines10092311



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Sci. Pharm. (https://www.mdpi.com/journal/scipharm) (ISSN 2218-0532)

Manuscript ID scipharm-184777

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Title Effect of Education through Short Message Service (SMS) to Adherence Diabetic Patients

(https://www.mdpi.com/2218-0532/85/2/23)

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Abstract

Poor adherence and lack of understanding about medication instructions for oral antidiabetics use are the key factors that inhibited the control of glycemic levels. The aforementioned condition needs intervention to improve medication adherence and the success of therapy. This study was conducted with quasi-experimental design with prospective data collection. The subjects of this study were 50 patients with type 2 diabetes melitus (T2DM) who had received oral antidiabetic drug therapy at least six months prior to adherence measurement. Patients were classified into two groups (control group and intervention group). The intervention group received text message or Short Message Service (SMS) about diabetes education, while control group did not receive these. Data collection was conducted by doing interview and giving Morisky Medication Adherence Scale (MMAS) questionnaire. The results showed that the increase of adherence in the intervention group 1.15±1.04 and the control group 0.72±0.90. These results indicated that there were significant differences in MMAS score between the control and intervention group (P<0.05). Decrease in fasting blood glucose and glucose 2 hour postprandial greater in the intervention group than the control group. It was concluded that the provision of education through SMS give a positive effect on medication adherence and glycemic levels.

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Reviews //user/reviewer/status)	Authors' Responses	s to Reviewer's Comments	(Revi	ewer 1)						
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	Author's Notes File	Report Notes (/user/review/displayFile/2719940/ewTHF21A?file=author-coverletter&report=1708444)								
	Review Report Form	n								
	English language and style	 () English very difficult to understand/incomprehensible (x) Extensive editing of English language and style required () Moderate English changes required () English language and style are fine/minor spell check required () I don't feel qualified to judge about the English language and style 								
			Yes	Can be improved		Not applicable				
	Does the introduction provide sufficient background and include all relevant references?			()	()	()				
Is the research design appropriate? Are the methods adequately described?			(x)	()	()	()				
			()	()	(x)	()				
	Are the results clearly presented? Are the conclusions supported by the results?			(x)	()	()				
				()	()	()				
	Comments and Suggestions for Authors	Thank you for the opportuni SMS intervention to improve problem in need of innovative likely to increase readers' in	e diabe ve solut	tes self-mar tions. The u	nagement, se of newe	which is a comm r technology is a	non health a strength and is			

point are areas where not enough detail is provided. Overall, I recommend that the authors review the TREND guideline for elements to include in a report of a non-



randomized clinical

trial: https://www.cdc.gov/trendstatement/pdf/trendstatement_trend_checklist.pdf Some specific examples are that the manuscript needs more information about:

- content of the SMS messages (e.g., a table of common topics)
- who delivered the SMS messages (pharmacists are mentioned in the discussion: was it a pharmacist?)
- how the interventionist selected what messages to deliver (did they have a list of standard information that they could select from? Were the same messages given to every participant? Was there an algorithm for matching messages to patients' needs?)
- method of assigning participants to groups (nonrandomized, but how specifically was this done? Every other patient? Naturally existing groups of some kind?)
- more information about the patients who refused to participate in teh study (how many, any demographic differences from participants, any information on why they refused?)
- any attrition or missing data? If so, who, how much, any demographic differences by group?
- was the analysis performed an intent-to-treat or completers analysis? (for many of these issues a diagram would help, showing the number of patients recruited, enrolled, randomized, retained, and included in analyses -- again, see the TREND website for an example)

I also had two specific questions about the analyses:

- why were nonparametric statistics used to analyze the MMAS scores? (e.g., was there a concern about normality?)
- why was chi square was used to test potential confounding variables' effects on MMAS scores (the Morisky scale was treated as ordinal-level, not categorical, in the main outcome analysis)



In addition to these concerns, I can also see at least one potential challenge to interpretation of the results: The authors characterize the SMS messages as "patient education" but a better description might be "self-management" because the intended effect was behavior change rather than simply increased knowledge. Thinking of the intervention as a behavior-change program, I wondered whether the observed effect was really due to education (i.e., content of the messages), or to mere attention (receiving reminders, feeling that someone cares and is paying attention to adherence)? Mere attention effects could also explain why adherence improved over time in the control group, a finding that otherwise seems a bit mysterious.

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English language and style () English very difficult to understand/incomprehensible () Extensive editing of English language and style required



Reviews (/user/reviewer/status) Volunteer Preferences (/volunteer_reviewer_info/view)	 (x) Moderate English changes required () English language and style are fine/minor spell check required () I don't feel qualified to judge about the English language and style 											
			Yes	Can be improved	Must be improved	Not applicable						
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	Are the methods adequately described? Are the results clearly presented? Are the conclusions supported by the results?			()	()	()						
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				()	()	()						
	Comments and Suggestions for Authors Thank you for your attention to my previous comments. The addition of procable about the intervention and the participant flow through the study are helpful additional confidence in the study's methodology. Other than some Englishediting, I have no further suggestions.											

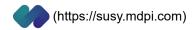
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Are the conclusions supported by the results? (x) () ()

Comments and Suggestions for Authors

This is a very interesting study. However, I found it a little difficult to read due to the less than ideal English sentence formation and style. I have included some example of sentence restructuring to, hopefully, assist with your revisions. I would suggest allowing an native English speaker to review your manuscript prior to resubmitting. Overall, I think the study was well designed and will be helpful in designing future studies and interventions to improve medication adherence in T2DM patients in low-resources environments.

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file=review&report=1720003)

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