

REVIEWER'S REPORT

Manuscript No.: IJAR-59317

Title: Diagnostic Discrepancy and Staging Reclassification Between Cystatin C and Creatinine-Based eGFR in Sarcopenic Adults: A Cross-Sectional Study.

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: Dr S. K. Nath

Detailed Reviewer's Report

Strength of the study:

- Clinically relevant nephrology topic
- Clear study objective
- Reasonable sample size of 260 participants
- Standard sarcopenia criteria are used
- Creatinine and cystatin C are measured
- Appropriate eGFR equations are applied
- Weighted kappa analysis is included
- Regression analysis identifies associated factors
- Sample size calculation is provided
- Ethical approval and consent are reported

Weakness of the study:

- No measured GFR is available for validation
- Single centre design limits generalization
- Cross sectional design limits causal interpretation
- Important numerical inconsistencies are present
- Reclassification percentages differ between sections
- eGFR equation descriptions are inconsistent
- Albuminuria data are not reported
- Potential cystatin C confounders remain
- Some clinical conclusions are too strong
- Grammar and formatting require editing

Reviewers Comments:

The study addresses an important clinical issue and provides a useful comparison of creatinine and cystatin C based eGFR in sarcopenic older adults. The standardized assessment of muscle mass and strength, appropriate statistical methods and sample size calculation are strengths. However, major revision is required because of important internal inconsistencies. The abstract reports 38.5 percent reclassification with 100 participants, whereas the results report 118 participants and 45.4 percent downward reclassification. These figures must be reconciled. The manuscript also states that 2021 CKD EPI equations were used, but the methods specifically describe the 2012 cystatin C equation, which should be clarified. Most importantly, measured GFR was not performed, so the conclusion that cystatin C provides a more accurate reflection of renal function should be expressed cautiously. Ethical approval and written consent are reported. The single centre cross sectional design and possible non GFR determinants of cystatin C should be emphasized. Grammar, spacing, tables and terminology also require editing.

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Previously Published anywhere/Plagiarism check:

An exact title search did not identify the same publication. However, closely related studies have already examined eGFR discordance, cystatin C and sarcopenia. A 2026 study specifically evaluated selection of eGFRcys in sarcopenic patients, while earlier studies examined muscle mass related differences between creatinine and cystatin C. A formal similarity check is recommended.