

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 ID: JP085

Reviewer's Comment for Publication.

This study compares kidney function estimates using creatinine (eGFR_{cr}) and cystatin C (eGFR_{cys}) in 260 older adults with sarcopenia. The study found that creatinine-based eGFR was much higher than cystatin C-based eGFR, and many patients were moved to a more severe CKD stage when cystatin C was used.

Strength:

1. Clear and relevant research topic.
2. Good sample size of 260 participants.
3. Sarcopenia was assessed using handgrip strength and muscle mass.
4. Both creatinine and cystatin C were measured.
5. Standard CKD-EPI equations were used.
6. Appropriate statistical methods were used.
7. The study clearly presents the difference between eGFR_{cr} and eGFR_{cys}.

Weakness:

1. The study was done at one hospital, so the results may not apply to all populations.
2. The study was cross-sectional, so it cannot show long-term changes in kidney function.
3. Actual measured GFR using methods such as iohexol or inulin clearance was not performed.
4. Cystatin C can also be affected by factors such as inflammation and body fat, but these were not fully assessed.
5. The study includes only people who already had sarcopenia, so there is no non-sarcopenic control group.
6. The statement that cystatin C provides a "more accurate" kidney function estimate is too strong without measured GFR for confirmation.

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

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Overall assessment:

The study addresses an important clinical problem and provides useful findings about the difference between creatinine- and cystatin C-based eGFR in sarcopenic older adults. However, the lack of measured GFR, single-center design, absence of a control group, and inconsistency in reclassification results need to be addressed. Some conclusions should also be made more cautious.

Recommendation: Manuscript accepted for publication after minor revision.