



**SDI Review Form 1.6**

Journal Name:	<a href="#">Journal of Advances in Medicine and Medical Research</a>
Manuscript Number:	Ms_JAMMR_68022
Title of the Manuscript:	Assessment of SomeHaemostatic Parameters in Sickle Cell Anaemia Subjects Resident in Rivers and BayelsaStates
Type of the Article	Original Research Article

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/journal/10/editorial-policy> )



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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p><b>Compulsory</b> REVISION comments</p>	<p><b>1. Introduction</b> Double heterozygous refers to two mutations in the same allele, whereas compound heterozygous refers to two alleles affected by different mutations, which is the case described by the authors. Correct it.</p> <p><b>2. Materials and Methods</b> Study design, study area and population, Inclusion and exclusion criteria are clear. The long description of the microplate reader is not necessary. Just only once, if you like it!</p> <p><b>2.7.2 Activated Partial Thromboplastin Time (APTT)</b> The one stage clotting method is the most used; so, why do the authors say: "...based on a modified PT method [21]"? I suggest: "APTT is measured by a one stage clotting method, using Fortress APTT reagent".</p> <p><b>2.7.3 ADAMTS13 Activity Assay</b> Check this out, please, because the real name of the kit is: TECHNOZYM® ADAMTS13 Activity ELISA cat 5450701 (Technoclone GmbH, Vienna, Austria)</p> <p><b>2.7.4 von Willibrand Factor Activity Assay</b> Check this out, because the TECHNOZYM® vWF:Ag ELISA Kit cat 5450201 (Technoclone GmbH, Vienna, Austria) measures quantity instead of VWF activity.</p> <p><b>2.7.5 FVIII Activity Assay</b> Check this, because FVIII:C is measured by a one stage clotting method, using factor deficient plasma.</p> <p><b>2.7.6 Fibrinogen Activity Assay</b> Check this; Technoclone offers a <a href="#">Fibrinogen Reagent Kit</a>, which is a modified Clauss method, and is useful to quantify fibrinogen levels, not to evaluate fibrinogen activity.</p> <p><b>2.7.8 L-Arginine</b> Check this, L-arginine for Technozym (Technoclone GmbH, Vienna, Austria) does not exist.</p> <p><b>3. Results and Discussion</b> Internationally, FVIII:C and VWF are usually reported in IU/mL or IU/dL, not in ng/mL. Correct them. FVIII inhibitor??? actually, authors are measuring FVIII:C. Correct it.</p> <p><b>Tables 1 and 2</b> would be unified as follows:</p> <ul style="list-style-type: none"> <li>• PT</li> <li>• INR</li> <li>• APTT</li> <li>• Fibrinogen</li> <li>• FVIII:C</li> <li>• VWF</li> <li>• ADAMTS13</li> <li>• D-dimer</li> <li>• L-Arginine</li> </ul> <p>In tables 1 and 2, the column "F-Ratio" is not necessary and is confusing. "Prob&gt;F" should be replaced by "P". Replace Arginine by L-arginine, throughout the text and tables.</p> <p><b>Page 6:</b> Replace Mohamed et al and Ajuwon et al with their corresponding reference numbers in the bibliography . Authors of citation 36 doesn't say: "... that factor VIII in SCA subjects have an isolated elevation, and it may explain the shortened activated partial thromboplastin time (aPTT)[36]". Check this, please.</p>	



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	<p>The high FVIII:C and VWF levels resulted not only from the endothelial activation characteristic of the pathophysiological events in SCD but also the reduced levels of natural inhibitors (aPC, PS). Prolonged PT and APTT might be as result of low FV, FVII, XII and IX. Do authors quantify FV? it would become a useful parameter (marker) of liver damage in these patients. It also must be useful to include blood platelet count and platelet volume, which would give an idea of platelet hyperactivation, either mediated by GPIIb-IIIa or by increase of fibrinogen and VWF, especially high molecular weight mutimers given the low ADAMTS13 levels. Taken together, this information (FV and platelet count) would be useful regarding the use (or not) of antiplatelet agents and the evaluation of liver damage in the treatment of either acute or chronic clinical manifestation of SCD. <b>Tables 3 and 4:</b> Authors refer to Haemoglobin F, but levels of Haemoglobin F of patients are lacking in the text. The units of different parameters in tables 1 and 2 (mg/dl, etc) are not necessary and make confusion to the reader. <b>The conclusions</b> are good, but could be improved by adding data about platelet parameters, FV levels and correlations. <b>The references</b> are globally good, but need to be verified and written according to the style of the Journal. Citations 23, 24 and 25 refer to D-dimer, leave only one. Correct citation 25: <b><u>D-dimer for the diagnosis of venous thromboembolism</u></b>. Anderson, David R.; Wells, Philip S. Current Opinion in Hematology. 2000; 7(5):296-301.</p>	
<p><b>Minor</b> REVISION comments</p>	<p><b>Abstract</b> The description of assays in Methodology is too long. Clarify the term "VOC". <b>2.8 Statistical Analysis</b> These are adequate. Authors could include the considerations about the Spearman correlation coefficient, such as commented: When analyzing the pairwise correlations, the authors have to consider the strength of the correlation using the following guide for the absolute value of the Spearman correlation coefficient: .00-.19 "very weak" .20-.39 "weak" .40-.59 "moderate" .60-.79 "strong" .80-1.0 "very strong" By this way, for example, correlation between Arginine and ADAMTS13 is poor (r: 0.207) even though <i>P</i> is &lt;0.01. Consider the inclusion of this analysis in pairwise comparisons.</p>	
<p><b>Optional/General</b> comments</p>	<p><b>General points.</b> The English must be improved. There are many typing errors throughout the entire manuscript. The font and font size change throughout the text. Abbreviations must be used consistently throughout the text. The instructions for the authors refer that it should be said: <i>P</i> ".05" instead "0.05". Check this throughout text and tables.</p>	



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**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

**Reviewer Details:**

Name:	<b>Adriana Ines Woods</b>
Department, University & Country	<b>Argentina</b>