



SDI Review Form 1.6

Journal Name:	<u>British Journal of Medicine and Medical Research</u>
Manuscript Number:	2015_BJMMR_17689
Title of the Manuscript:	Mutations and pathogenesis of myeloproliferative neoplasms: Review
Type of the Article	Review 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/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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)
<u>Compulsory</u> REVISION comments		
<u>Minor</u> REVISION comments	This manuscript "Mutations and pathogenesis of myeloproliferative neoplasms" is a scholarly and thorough review. I have no major objections. There are a number of typos pertaining to the spelling of "erythropoietin" in the first few pages which should be checked and corrected. Line 128: Table 1 should be put as a separate table at the end of the manuscript. It is spilt on 2 pages. Further, I think it is also irrelevant in this day and age. The frequency of the JAK2 mutation depends upon the accuracy of the clinical diagnosis of PV. I think the variations as reported reflects the clinical diagnosis rather than any genetic variation. Thus this statement is misleading. This issue has also been discussed several times in the literature. There is an article by Tefferi, Silver and Verstovsek in Blood some years ago pertaining to this very point. Line 121: those patients that do not have the JAK2 mutations may have EXOn 12 mutations. This sentence should include that known fact. Line 121 – line 123 is also confusing. Line 128: this looks like a typo: "ET and PMF patients do not carry" (Of course approximately 50% do).	



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	Line 132: I would spell out W515L and W515K since these are new abbreviations. Line 140: insert “a” after “treatment of” Line 146: this must have a reference, since the use of a bone marrow for trying to distinguish W515K is valueless clinically. Likewise, there should be a reference in line 146. This is a weak section. Line 164: insert “a” after “pathogenesis of” Line 287: please provide reference. Line 354: please provide reference Line 404: please provide reference Conclusion: The conclusion is very meaningful and I would amplify it into this detailed discussion of all the mutation, which are <u>those</u> that are clinically relevant. The author make a very good exposition regarding TET2. I would like to see this done for the other mutation in prospective.	
<u>Optional/General</u> comments		

Reviewer Details:

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