



SDI Review Form 1.6

PART 1:

Journal Name:	<u>International Blood Research & Reviews</u>
Manuscript Number:	2013_IBRR_5340
Title of the Manuscript:	JAK-2V617F Mutation In Acute Leukemia (South Egypt Experience)
Type of the Article	Research Paper

General guideline for Peer Review process is available in this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)

- This form has total 7 parts. Kindly note that you should use all the parts of this review form.



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PART 2: 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	Although the results of this study will widely been looked upon as a “negative” study, it has some value by placing the JAK2V617F mutation and its role in AML into perspective. Thus, the results presented herein do not support an association between JAK2V617F and AML. It therefore confirms the findings published previously by 2 groups with the paper by Dong et al. [Ref #20] being an exception. However, the author's must address the following substantive issues: 1) Include the results of a positive control for JAK2V617F showing that the explanation given in the manuscript for separating the 463bps and 279bps bands by PCR can be visualized; 2) Include a PCV or MM sample to show their ability to detect JAK2V617F; 3) Show that the primers used can detect JAK2V617F; 4) The paper by Levine et al. [ref #22] studied 222 AML patients. This group only studied 90 patients. Could this provide an explanation for the so-called “negative” findings? 5) In the Discussion, the author's must address the possibility that ethnicity contributes to positive/negative findings of JAK2V617F. Stylistic Issues: 1) Inconsistencies in the reference list. Some references have article titles, while others do	1) The bands was added 2) The positive control was extracted from a known Polycythemia Vera 3) The primers already present in table 1 4) Paper by Levine et al. supported our results because the percentage of JAK2 mutation was found in 4 AML from 222 patients, they reported 3 of them had evidence of MPD in the bone marrow, and one of them had AML secondary to ET. So all de novo AML were negative, which supported our results as all our patients are de novo. 5) We didn't find any reference mentioned the ethnic correlation with JAK2 mutation. 1) It corrected.



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	not. 2) There is substantial redundancy of ideas and concepts that should be attended to with the redundant concepts deleted.	2) Modified
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		