



SDI Review Form 1.6

Journal Name:	International Blood Research & Reviews
Manuscript Number:	2014_IBRR_15692
Title of the Manuscript:	Epidemiological and biological parameters of monoclonal plasma cell dyscrasias in thirty one patients consulting a Moroccan Pasteur Institute
Type of the Article	Original paper

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:

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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)
Compulsory REVISION comments	Correction: - 55 % for 55%; - 33.33% use just one decimal (33.3%) Abstract Conclusion: Some of our records were different from those of other series: our patients were younger 30 with a slight predominance of female individuals. Others were consistent namely the monoclonal 31 gamma globulin peak was more frequently observed, and the most common isotype of plasma cell 32 disorders was Ig G. Our study showed also the interest of electrophoresis and immuno 33 electrophoresis to detect monoclonal gammopathies. However, it was revealed that the two 34 techniques weren't sufficient for diagnosis. On the other hand, an increase in prognostic factors levels 35 was also noted except for the biological test C-reactive protein. Nevertheless, our study pointed out that the majority of patients didn't have a rigorous monitoring of their disorders 36 by carrying out 37 hematological and serological examinations. Introduction	We would first to thank you for your observations: Corrections about percentage were done in the whole manuscript. Please, can you give us an example for a suggestion text to highlight our conclusion? Actually, we read over and over the conclusion, we didn't know where we can insert suggestion expressions exactly in conclusion.

Comment [A1]: In Conclusion, there are some results comments, and suggest to highlight your conclusion, using suggestions texts.



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	Plasma cell dyscrasias (PCDs) are a variety of disorders characterized by monoclonal proliferation and accumulation of lymphoplasmacytic cells in the bone marrow and, sometimes, tissue deposition of monoclonal immunoglobulins or their components [1]. These monoclonal gammopathies (MG) include a wide range of hematological conditions ranging from benign disorders such as monoclonal gammopathy of undetermined significance (MGUS) to malignant diseases. For instance, multiple myeloma (MM), smoldering multiple myeloma (SMM), Waldenström macroglobulinemia (WM), amyloid light-chain (AL) amyloidosis, POEMS syndrome, non-Hodgkin lymphoma (NHL) and B-cell chronic lymphocytic leukemia (B-CLL) [1, 2, 3]. These diseases may be difficult to diagnose because they affect many tissues and exhibit generally non-specific symptoms [4]. Thus, the basis of the diagnosis is the detection of an abnormal monoclonal paraprotein in the serum and/or urine, by means of electrophoresis and immuno-electrophoresis [2]. Since then, the definitive diagnoses of PCDs require a multidisciplinary approach including bone marrow biopsy, clinical assessment, radiology and clinical laboratory assays [4]. Furthermore, plasma cell labeling index, karyotypic abnormalities molecular alterations, analysis of beta-2-microglobulin and C-reactive protein levels are laboratory prognostic parameters, related to the intrinsic malignancy of the plasma cells, which indicate the risk of transformation from benign to malignant forms, and therefore designate the follow-up and treatment of	Introduction was divided in two paragraphs: Definition of PCDs and diagnosis. In the text, citations are indicated by the reference number in brackets as it indicated by the guidelines of the journal in the whole text. Thank you.
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	62 each individual patient [5]. Methods 73 This laboratory received requests for urine or serum protein electrophoresis and immuno74 electrophoresis for various diseases: myeloma, immune deficiencies, hepatic insufficiency, systemic 75 diseases and rheumatology... 89 Statistical analysis was performed by calculation of percentages and arithmetic mean. Figure 1 - Distribution of patients according to age and sex (n=30). However, the figure 2 is very interested. Biological Data topic is good, but needs a review and some corrections list below: 33.33% of cases 66.66% of 138 cases Suggestion: 66.7"% Discussion 238 is so big part of discussion, please reduce. Please check all the text and rules of the jornal of	Dots were changed into etc. The word mean was changed by average As it was advised, data (Distribution of patients according to age and sex) were represented by mean of IBM SPSS statistic. Your suggestions were taken in consideration about percentage. Thank you. In discussion, the paragraph about β2-m was a bit shortened, thus, citations and references were modified because of some ideas were removed. According to guidelines of the journal; tables & figures are placed inside the text. They are presented as per their appearance in the text and they are given with	Comment [A2]: The authors should check the guides for journal again for verify the correct model of references inside the text and This part of Introduction should be divided in two paragraphs. Comment [A3]: What's meaning this dots, in a scientific paper? Comment [A4]: Improve the statistical description. Comment [A5]: This kind of figres must be make in a statistical sodtware, like SPPS.
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	figures.	discussion and reference inside the text. Please if there is something that we have missed about organization, please let us know to improve more the quality of the manuscript.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	Please clarify the ethical issues if any	Thank you for the advice.