



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_12875
Title of the Manuscript:	Thrombocytopenia in Egyptian patients with Hepatitis C Virus Treated with Standard of Care Therapy: A Cohort Study
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:

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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	Methodologically, the comparison group is significantly different at baseline which means that they should not be used as such. A better comparison would be those individuals who were eligible for treatment but did not receive standard care. I do understand your limitation in overall N, but group II does not contribute to the findings. Please review current literature on thrombocytopenia and hepatitis C, the findings of the study may be dated for several reasons: 1. Over 80% of your references are 5 or more years old. 2. Much of the newer research covers additional therapies such as boceprevir and telaprevir. For the future, I would be very interested to see similar data as you have shown compared with the triple therapies now on the market and how the laboratory data compare.	Objectives are better clarified in the revised manuscript now We aimed to evaluate the dual impact of thrombocytopenia (TP) in HCV patients and those under SOC therapy; - To assess effect of SOC therapy on platelets count, - And the impact of TP on treatment plan, whether initiation or completion. TP was studied in different parameters: prevalence, clinic-laboratory association, and possible influencing factors. So we divided patients into 2 groups: - Group I= those who received SOC, - And Group II [Group II is RE-named and this is now better clarified in results section of the revised manuscript] = those who did not receive therapy, whether for being not candidates, or not willing who actually constituted the minority of those group (6/65; 9.2%). • Our enrolled patients were those attendants of the outpatient clinic mostly seeking for anti HCV therapy, and were investigated applying the AASLD, 2009 guidelines in HCV treatment as mentioned in methodology. Those candidates who did not will to start SOC therapy refrained because of the possible side effects they were informed about,



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		or heard about from other patients. - Regarding IFN-α free treatment arms now shown to be potent, safe and overall well tolerated, were not the established conventional therapy of HCV treatment in Egypt at the time of the study that was conducted from June 2010 till May 2011 as mentioned in Patients and methods sector. “ Telaprevir and Boceprevir were introduced in Egypt in 2011, but they were not suitable with the genotype 4 Hepatitis C at that time” Fact box: 15 facts about Hepatitis C in Egypt and the latest approved drugs. HCV experts in Cairo give recommendations on best treatments available, wrapped up in 15 points. Ingy Deif, Thursday 29 May 2014. 15th congress of ESHGID - In the future, we are willing and we would be very interested to study this point.
<u>Minor</u> REVISION comments	Throughout the manuscript please identify the acronyms and their definitions prior to using them; there are multiple acronyms that were not spelled out initially or in the wrong place, such as: ERV vs. EVR; CLD; RBV; and TPO. Additionally, using “-ve” and “+ve” is acceptable but you should identify it in the beginning.	
<u>Optional/General</u> comments	Overall the manuscript is well written. It has some minor grammatical issues that need to be addressed. The study evaluated chronic hepatitis C patients’ thrombocytopenia levels and the effect standard treatment (interferon and ribavirin) had on those levels. The findings of the study strengthen the overall body of literature by reiterating current knowledge; however the methodology and dated references are an issue.	