



**SDI Review Form 1.6**

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| Journal Name:            | <a href="#">International Journal of TROPICAL DISEASE &amp; Health</a>                                |
| Manuscript Number:       | 2013_IJTDH_5922                                                                                       |
| Title of the Manuscript: | <b>Hepcidin: A New noninvasive biomarker for histological cirrhosis in Hepatitis C virus Patients</b> |
| Type of the Article      | <b>Research Paper</b>                                                                                 |

**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**

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|                                            | <p><b>Reviewer's comment:</b></p> <p>This is a case-control study enrolled 80 HCV cases (50 with liver Biopsy and 30 with clinical evidence of cirrhosis) and 15 controls to evaluate the role of serum hepcidin as a biomarker for detecting histological cirrhosis in hepatitis C virus patients.</p> <p>The major weakness of the study was the study design: usually a case-control study will recruit 1:1; 1:2 or even 1:4 case-controls based on sex-and-age matched policy. It's hard to follow how to select sex and age-matched controls with 80: 15 or 50:15 or 30:15 case-control ratios.</p> <p>Since the study design lacks rationales, it's hard to follow what demonstrated in the results and discussion parts.</p> | <p><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)</p>                           |
| <b><u>Compulsory</u></b> REVISION comments | <p>1.Re-design the study and follow the case-control ratio policy.</p> <p>2. The heterogeneous of HCV cases ( for example, what's the general condition of group Ib? Child A, B or C? What's the main difference between group 1b and group II except liver biopsy done in the former? How to define clinical cirrhosis? ) makes the comparison between HCV cases and controls meaningless.</p> <p>3. No any information about HCV genotype and HCV RNA were provided.</p>                                                                                                                                                                                                                                                          | <p>References had been put in the format of the journal</p> <p>The study had been performed irrespective to the genotype of HCV</p> <p>Relation of hepcidine level to other parameters are not of diagnostic tool</p> |



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| <b><u>Minor</u></b> REVISION comments   | Correlation test may not be suitable test to evaluate the relationship between hepcidin and other parameters since it did not adjust for other potential confounder. Univariate analysis followed by multivariate analysis might be a suitable alternative to correlation test. |  |
| <b><u>Optional/General</u></b> comments |                                                                                                                                                                                                                                                                                 |  |