

Although some changes have been made., I did make detailed comments: however, the recommendations that I thought were most important have not been followed. For instance:

- The dot scattergrams of the original data have not been produced
- There is no answer as to what p .00 means, and such values are still shown.
- The modified discussion still goes on for 4 pages, but it still fails to come up with a clear statement as to whether and what proportion of sickle cell anemia patients have iron deficiency or iron overload.
- As a minor point, the authors have also chosen not to change the confusing nomenclature.

P.S. One last point: I know the University Hospital where this paper comes from because I have worked there for 10 years. I know that: (a) one of the major strengths of the sickle cell clinic is in numbers: they should take advantage of the large clinical load and produce data on 600 sickle cell patients, not 60; (b) they can design a much better study than this one.

Author's feedback:-

Dot Scattergram: The main focus of this study was to determine if differences exist in iron status of VOC vs steady state SCA patients vs control and hence the mean values of the parameters were compared to bring out the differences as advised by our statistician. However dot scattergram is equally an option.

P value: .00 represents $p = .00$. This is in accordance with author's guideline. Hence, ($p = .--$) has been included on top of the columns for p values in tables 3 and 4 for clarification.

Proportion of SCA with Iron deficiency or iron overload: I have categorically stated that iron deficiency anemia and iron overload cannot be definitely categorized based on additional data included i.e table 4 and %TFS included in table 3. This was discussed and included as part of conclusion remarks.

Nomenclature: The nomenclatures used include

- a) VOC = standing for vaso- occlusive crisis
- b) SS = steady state
- c) CC = Controls

In order to remove the confusion "SS" has been changed to "SSt" and "CC" to "NC" (normal control).

As regards the P.S. of the Reviewer, I do agree that a large sample size and infact a multicenter study may bring out a more meaningful conclusion and this forms part of my recommendation.