



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	2014_JAMPS_12818
Title of the Manuscript:	The effects of silymarin on serum soluble apoptosis markers in β -thalassemia major patients receiving desferrioxamine
Type of the Article	Short 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:

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



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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	The article has a good sound. <u>The review comments and queries were listed below:</u>	
	The article has printing mistakes needs correction.	Printing mistakes were corrected in the text.
	The title of <u>materials</u> and methods must be changed to <u>patients</u> and method.	We change the title of materials and methods to patients and methods
	Did the patients newly diagnosed? If no, how many years of suffering?	Beta thalassemia is an inherited blood disorders and Beta-thalassemia major manifests itself as a severe, progressive anemia during the second 6 months of life. The mean age of the 21.8, showing that they have been suffered of thalassemia almost 20 years.
	Did the patients followed up regularly by specialist?	Yes, patients were visited by specialist on their transfusion schedule.
	What are the transfusion details?	Patients were received leucodepleted blood prophylactically matched for D, C, E, c, e, and K1 blood group antigens and were regularly transfused to maintain the hemoglobin level above 9.5 g/dL.



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	At which time the blood were drawn from patients?	After overnight fasting and just before a scheduled transfusion.
	There are routine laboratory investigations; like ferritin, transferrin, TIBC, why not included in the study, and discusses it?	All routine laboratory data are in our new published paper by Moayedi et.al. 2013 (reference 4). A randomized double-blind, placebo- controlled study of therapeutic effects of silymarin in b-thalassemia major.
	The median and/or mean $\pm$ SD of the data must be specified in the tables and results.	We added mean $\pm$ SD in the table and results (highlighted in the text)
	What are the baseline levels of all measured markers of this study? If not studied, why?	There was no significant different between baseline levels of markers in placebo group and treatment group.
	Did the patients have iron overload? And how evaluated?	Yes. The patients had iron overload. Considering serum ferritin level as a marker of increased body iron stores, a reduction in serum ferritin level was considered as reduction in iron overload in studied patients.
	Are there any complications of beta-thalassemia major?	Yes. All of the β-TM patients receive iron chelators in order to reduce iron overload, nevertheless deposition of iron in visceral organs still caused tissue damage such as heart and liver failure.
	Do you think there is a drug-drug interaction that affects on your results? Best regards ethical issues -yes	We don't know exact mechanism of Silymarin and also there are many unknown subjects related to apoptosis in thalassemia patients. In our study maybe a drug-drug interaction has affected on our results.