



SDI Review Form 1.6

Journal Name:	Asian Hematology Research Journal
Manuscript Number:	Ms_AHRJ_41741
Title of the Manuscript:	Non-Fasting Total Serum Homocysteine (tHcy) Levels in Folate-Supplemented Omani Arabs with Sickle Cell Disease in the Steady State and in Crisis
Type of the Article	Original Research 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:

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

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	Abstract: 1. To add normal volunteers acting as controls 2. To correct: our results in Omani Arabs showed that the steady state.... 3. To explain if there are differences in assay methods..... Introduction; 1. To describe the relationships between homocysteine, folic acid and cobalamine 2. Folic acid supplements were.....: To add the quantity and modality administered to the patients	1. . Serum tHcy levels were lower in SCD patients than in HbAS and normal volunteers who acted as controls 2. Our results in Omani Arabs showed the tHcy levels in SCD patients during steady state are higher than those in crisis and are at variance 3. However, differences in assay methods and varying proportions in SCD haplotypes (50% Benin, 25% Bantu and 25% Arab Indian) amongst the Omani SCD patients are likely to explain this variance. Introduction: 1. Functionally, homocysteine as a metabolite accumulates in the cells and is processed into other substances, such as S-Adenosyl methionine (SAM). SAM plays a key role in the initial stages of synthesis for many metabolic pathways, but folic acid and vitamin B12 are necessary for homocysteine conversion. If these vitamins are deficient, the metabolic step cannot take place leading hyperhomocysteinemia. 2. SCD patients received a 5 mg folic acid tablet perorally daily.
Minor REVISION comments	To complete with the data of the country of building of the hematology analyzer employed	1. Total blood cell and differential counts were determined by automated methods using the Abbott CELL-DYN 4000 (Abbott Diagnostics, Abbott Park, IL)
Optional/General comments		