



SDI Review Form 1.6

Journal Name:	Asian Hematology Research Journal
Manuscript Number:	Ms_AHRJ_40214
Title of the Manuscript:	Clinical and Biologic outcomes following the administration of Hydroxyurea to homozygote sickle cell patients in two health facilities of Yaounde.
Type of the 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>)

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	Peer review of the article " Clinical and Biologic outcomes following the administration of HU to SCD patients in 2 health facilities of Yaounde". Final opinion: accept the manuscript for publication with minor revision. The manuscript is important because it demonstrates the efficacy and safety of HU treatment in african populations (Camarron). Since the use of HU to treat SCD is low in Africa, this study can stimulate other african health institutions and governments to enhance its use in their SCD patients. Minor revision: 1- Summary: the summary is too long. I would suggest cutting out lines 20 to 28. 2- In lines 93 and 146, the author writes "sickle celled" - we normally use only sickle cell - correct the English 3- Line 130: correct the English: medians instead of madians. 4- Line 149: it is written " 27 (97.5%), but 27/40 is 67.5% 5- Results: the tables show 2 groups: before HU (40) x after HU (24): it is not clear in the text that the author compared all 40 patients enrolled in the study before starting HU versus 24 patients with long term use of HU. Since the author says in the text that there was not difference between short and long term HU use, it would be reasonable to compare both groups of patients before (40) and after (16 short + 24 long term). This point needs to be clarified before publication. 6- In the results (lines 177-178), the authors say that 17.5% of the patients had leg ulcers and that they disappeared after 8 months of HU treatment. This data is very interesting, since there are several cases in the literature showing worsening of them under HU treatment. This should be more explored by the authors before publication of the manuscript. 7- In the discussion section (lines 246-248 and 260-262), the authors attributed the benefits of the HU therapy in reducing VOCs, hospitalizations due to its action on NO bioavailability. But, the authors should comment that the most important mechanism of action of HU in SCD patients is the enhancement of HbF percentage. HU induces HbF production that inhibits HbS polymerization and sickling, causing elevation in total Hb and reduction in VOCs and sickle cell complications. 8- In the conclusion section, the authors should include some statement, such as: in summary, we showed the efficacy of HU therapy in reducing SCD complications with few side effects, so we recommend its use in SCD patients in african countries.	
Minor REVISION comments		
Optional/General comments		

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