



SDI Review Form 1.6

5

Journal Name:	Asian Journal of Biology
Manuscript Number:	Ms_AJOB_38596
Title of the Manuscript:	Chronic Kidney Disease among Ghanaian HIV Individuals on HAART in the Ho Municipality: A single-center descriptive cross-sectional study
Type of the Article	Original 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>)

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	1. There was no normal control 2. Kindly indicate if the participant were screened for history of HIVAN at registration 3. Kindly state the percentage of women on nevirapine. It might explain preponderance of female CKD 4. The age range was too large as CKD increases with age 5. There were no exclusion criteria to exclude confounders like other drug history and chronic disorders that may affect the kidneys 6. Compare nevirapine/zidovudine combination with efavirenz/zidovudine combination. Most likely it is nevirapine/tenofivir combination that causes greatest kidney injuries with nevirapine as adjuvant.	1. The study design was descriptive cross-sectional study and not a case-control one. 2. Information about the screened history of participants for HIVAN at registration at the time of the study was not available. 3. Re-analysis of data have been done to reflect anti-retroviral selection profile of participants by gender (Table 1). 4. Further information on age distribution and CKD of participants have been provided. Though the age range of participants appeared to be wide (24-78 years), majority of the participants were within the 31 to 50 years age range 108(63.53%) (Table 2 & 5). 5. The "study design and population section" under materials and methods has been revised to highlight the "inclusion and exclusion criteria" used for this study. However data was not available on other chronic disorders. 6. Our results did show that Nevirapine in combination with Tenofovir and Lamivudine recorded the highest percentage CKD among participants (Table 5). A revised discussion on these findings highlighting on the possible role of NVP have been provided in the "Discussion" section of the manuscript.
Minor REVISION comments		
Optional/General comments		