



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_24379
Title of the Manuscript:	Prevalence of Intestinal Parasites in Cancer Therapy Recipients with Concurrent Diarrhea
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:

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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)
Compulsory REVISION comments	The reviewed MS 24379 reports on a study of parasites in Ca patients in an Egyptian hospital. 1) The study is biased, since the patients were chosen as having diarrhea while receiving chemotherapy. Therefore, a paragraph on the limitations of the study should be welcome. 2) No other laboratory examinations were performed on those patients, like culture of bacteria in stool or the presence of viruses. Ca patients develop diarrhea many times just because of the treatment; therefore, stating that the parasites were the cause of diarrhea is not tenable. 3) three stool samples were collected. What was the time spacing between each sample? 4) I would like to ask the authors how do they identified <i>Entamoeba histolytica</i>. Was there blood and mucus in stool? Did they see <i>E. histolytica</i> trophozoites with engulfed red blood cells? Or did they only see tetranucleated cysts? If the last premise is the case, then it should be called <i>Entamoeba histolytica/E. dispar</i>, unless molecular testing was performed, which is not discussed in the MS. In other words, what was seen was <i>E. histolytica/E. dispar</i>, which are two different species that can be separated by molecular techniques, but not by microscopy. 5) when did the diarrhea start in the selected patients? Did the patients have diarrhea before, when not taking Ca treatment? How often did they present with diarrhea? Before, during or after treatment? The diarrhea was not	



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	classified: how many episodes per day, how many days, were the stools liquid? (runs like water) or was the stool diarrheic? (conforms to the container) was mucus present? Was any blood present? Was the diarrhea accompanied by abdominal pain? Vomiting? Nausea? 6) Was there any treatment offered to patients, especially when it was believed that the parasites were the cause? 7) in endemic countries, <i>Giardia duodenalis</i> causes diarrhea (sometimes, not always) mainly in children; how does <i>Giardia</i> behave in the general population in Egypt? Many studies in other countries have found more giardiasis in the healthy controls than in the diarrheic patients. 8) the authors state to have stained for microsporidia, but have no comments on the results. Where there any microsporidia? What species? 9) how did they differentiate <i>Cryptosporidium</i> from other intestinal apicomplexa? 10) It is well known that <i>Cryptosporidium</i> causes diarrhea in any patient, but there is no treatment and immunocompromised patients may die. What happened to those infected patients in Egypt? Also, it is well known that the excretion of the oocysts can be prolonged even when there is no more diarrhea. Any comments on cryptosporidiasis as observed in Egypt? 11) Line 111: “healthy controls with diarrhea” (?). Please explain. 12) Lines 20,21: Gram (the stain) with capital letter. 13) Line 129: table (2) should read: Table 2. The English language requires some improvement in general. The spelling of parasites (<i>Iodamoeba bütschlii</i>) requires attention. 14) some of the “parasites” diagnosed are indeed commensals. 15) To be able to compare results among similar studies	
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	one needs to pay attention to type of population studied, the methodology used, etc., otherwise differences in results will always exist. 16) Is <i>Strongyloides</i> common in Egypt? What is the percentage of infection in the general population? Are there any particular geographical areas in Egypt where <i>Strongyloides</i> is more frequent than in others? Ethical Issues: As asked in Nos. 6 and 10 above, no mention of treatment to parasitized patients. Cryptosporidiosis is a serious infection, as are the rest in immunocompromised patients. I understand the study was observational, not interventional; however, there should have been some provisions to the effect.	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		

Reviewer Details:

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