



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_27212
Title of the Manuscript:	Prognostic value of Serum Estrogen, Cortisol, Calcium and Alkaline Phosphatase Activity in Pre and Postmenopausal HIV Women at Nnewi, Nigeria
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>)



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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	Line 55: How was the randomization conducted? Line 57: Do you consider that the staff is a good comparison population? I mean, the baseline characteristics are not different between patients and staff? Line 62: How was the sample calculated? Was it calculated <i>a priori</i>? Line 62: Define the study design (e.g. cohort, case-control, randomized clinical trial, etc.) Line 62: What as the criteria to evaluate the condition of pre or postmenopausal women? Was it asked in the questionnaire? It seems, the way it is written, that you divided by age groups. RESULTS A table and text of baseline characteristics of the four study groups are essential. A table showing the results of the parameters	Only female participants who volunteered and gave their consent were recruited for the study. Yes. The staff used in the study was apparently healthy participants who served as control. Yes. It was calculated a priori The study was a cross-sectional study Menopausal status was prospectively captured during interviews with structured questionnaires. Premenopausal status was evaluated by history as regular menses with greater than 6 cycles per year that were between 19-45 years. Postmenopausal status was defined by a minimum of 1 year of amenorrhea and with FSH concentration > 30 mIU/ml who were between 46-80 years. The tables have shown.



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	evaluated between the 4 groups would be more informative than the graphs. It would also be better for printing, because there would be no need for colours and we could follow the statistics. Line 129: I am under the impression that there is a difference in the CD4+ count between groups. Please try to calculate it again. DISCUSSION The authors discuss the influence of hormones in BMD, but that measure was not included in the study. Line 191: That discussion is discordant with the results presented. You said that the results show that low calcium intake may be a risk factor for the development of osteoporosis, but osteoporosis was not evaluated. That discussion is not associated with your results. The discussion of the last paragraph (line 217-222) are not evaluated by the study. The conclusion that the CD4+ count is associated to the levels of the metabolites is not proven by results. CONCLUSION The results show no difference between the levels of estrogen in premenopausal HIV females and premenopausal Control females. So the conclusion that "This study reveals that premenopausal and postmenopausal women with HIV infection have reduced estrogen and higher levels of cortisol and alkaline phosphatase activity when compared with	Cd4+ T cell counts have been clarified and the significance shown. This has been removed. The discussion has been revised and improved. This has been revised. It was mere inference. Line 217 -222 have been corrected. The conclusion has been clarified and corrected
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	premenopausal and postmenopausal Control female subjects” is incorrect. The last sentence in the conclusion is not based on the results shown. The presence of osteoporosis was not evaluated in the study, so the study should not conclude that this markers can be useful for the diagnosis, treatment, monitoring and management of osteoporosis. Some very important issues. It may be corrected and re-evaluated with another focus. Ethical Issues: The paragraph on ethical consideration state “Ethical approval for this study was obtained from the ethics committee of Nnamdi Azikiwe University Teaching Hospital, Nnewi. Informed consent was obtained from the subjects and their participation was voluntary”. It would be useful to have the number of the protocol that approved the study. The ethical considerations were stated twice in the article. That is unnecessary.	The last sentences in the conclusion have been revised and corrected Sorry, I don't quite understand what you mean but the ten man board of ethics committee of Nnamdi Azikiwe University approved the study design. One of the ethical clearance has been deleted
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<u>Minor</u> REVISION comments	Line 13: Avoid sentences that do not add value to the content of the study. Line 19: Quote the original WHO reference. Line 20-24: Add references. Line 39-40: There is no need for a new paragraph there. Just continue in Line 39. Line 52: Separate Nigeria with a coma. Line 77: Metodology is the study of methods. Line 15: Replace the reference [1] for a study specific of the area. Line 152: relatively less?! Line 159: Include the name of the author before [14].	Noted thanks Line 19 has been corrected Line20-24 reference have been added The paragraph in Line 39 has been removed Line 52 has been corrected Line15 has been clarified Line 152 has been removed Line 159 has also been corrected
<u>Optional/General</u> comments	There is no evaluation of osteoporosis in the four groups included (HIV+Premenstrual; HIV+Postmenstrual; Control+Premenstrual; Control+Postmenstrual). That is complicated because the introduction, discussion and the conclusion state that these markers would be useful for patients with osteoporosis, but this group was not singled out.	This has been revised and corrected.