



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)
Compulsory REVISION comments	This is a well written but fatally flawed manuscript that has several issues that do not appear to be fixable. 1. The study uses serum ALP, cortisol and estrogen to identify osteoporosis in pre- and post-menopausal women. Imaging would be needed (e.g., DXA) to diagnose this disease, as ALP, estrogen and cortisol derangements are not adequate to make such a determination. Please refer to 2003-Morote and 200-Chaki papers for more information on this point. 2. The investigators used serum ALP, not the bone isoform, as a biomarker. We know that over 50% of serum ALP is made by the liver; other infections such as hepatitis B or C, which are frequently found in conjunction with HIV, would have effects on liver and liver isoform of ALP, as well as HIV therapies, so this is not an acceptable marker for bone. 3. While increased cortisol can increase risk of osteoporosis, it is usually very high levels of cortisol, such as with Cushings that would be associated with osteoporosis risk, not modestly elevated levels such as what are reported in this study. 4. Finally, the standard errors depicted on the graphs clearly indicate that there were no statistically significant differences between groups with respect to ALP, cortisol or estrogen, which nullifies the stated results of the paper. This is a well written paper with some significant issues that must be considered: 1. The study measures serum ALP, cortisol and estrogen	DXA imaging was not done for Bone minerals metabolism Participants with any form of liver problem were



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	in pre- and post-menopausal women. Imaging (e.g., DXA) was not performed. Please refer to 2003-Morote and 200-Chaki papers for more information about biomarkers for osteoporosis. 2. The investigators used serum ALP, not the bone isoform, as a biomarker. We know that over 50% of serum ALP is made by the liver; other infections such as hepatitis B or C, which are frequently found in conjunction with HIV, would have effects on liver and liver isoform of ALP, as well as HIV therapies. 3. While increased cortisol can increase risk of osteoporosis, it is usually very high levels of cortisol, such as with Cushing's that would be associated with osteoporosis risk, not modestly elevated levels such as what are reported in this study. 4. Finally, the standard errors depicted on the graphs clearly indicate that there were no statistically significant differences between groups with respect to ALP, cortisol or estrogen. Please check the statistics.	excluded from the study The information has been noted Places with Significant differences have been clearly pointed out as shown in the tables.
Minor REVISION comments		
Optional/General comments		