



SDI Review Form 1.6

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| Journal Name: | Journal of Advances in Microbiology |
| Manuscript Number: | Ms_JAMB_42698 |
| Title of the Manuscript: | PREVALENCE OF AGGREGATIBACTER ACTINOMYCETEMCOMITANS AMONG CLINICAL ORTHODONTIC SALIVA SAMPLES |
| Type of the Article | Original Research Article |

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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) |
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| Compulsory REVISION comments | <ul style="list-style-type: none"> - It was stated in the introduction that the main research question was to determine the prevalence of AA among <u>adult</u> orthodontic and non-orthodontic patients, using their saliva samples. It is therefore not clear why it was mentioned that paediatric patients were also asked to provide assent while their parents provide permission. Where paediatric patients involved in this study? The age grouping into under 18 and over 18 did not suggest a predominantly adult population. - The sampling technique used to ensure the age/sex matching is not clear. Were patients with other dental prosthesis, fixed restorations, other plaque retentive factors as well as various periodontal diseases excluded from this study? The quantity of AA is expected to increase when these conditions are present. How did you eliminate this potential source of bias? - Kindly clearly define the "approved sampling protocol" mentioned in section 2.5 - Table 1- It is not clear why a column for orthodontic clinic population clinic population was provided. Were the non-orthodontic cases not selected from the main pool of patient attending the dental school's clinic? - A title change is suggested since the study is more of comparing the presence of AA in both orthodontic and non-orthodontic groups and not just the estimation of the prevalence of AA in clinical orthodontic saliva samples. Also, since another gram-negative organism was also analysed, the focus should then be on gram negative anaerobes. - The actual p values should be stated - State what was considered as significant levels of the microorganisms (threshold limit of detection) - The objective of this study was to find a non-invasive method of determining the presence of potentially pathogenic organism, AA. How did you now consider the fact that only non-invasively collected saliva was available for this study a limitation? Which invasive method of saliva collection would you have employed? - It would have been more informative if the level of the organism detected in the saliva is compared to the level detected in supra and subgingival plaque samples of the same patients. It would have been clearer if salivary samples are equally useful for the detection of these organisms. | <ol style="list-style-type: none"> 1. The authors have corrected this and removed the reference to "adult" in the appropriate areas. Both pediatric and adult patients were involved, as stated in the methods and results sections. 2. The sampling technique has now been described in the Methods section 2.1. The random sampling technique used does not ensure age-matching and was therefore removed from the text. In addition, the approved protocol for this study did not include any additional patient information other than age, sex, and race / ethnicity – so no other factors, such as dental prosthetics or fixed restorations were available to the study authors. 3. The sampling protocol is described in Section 2.1, as stated above. 4. Table 1 includes data from the orthodontic and non-orthodontic samples. Additional information about the overall orthodontic clinic was provided for reference and the main patient clinic data has now been provided for clarification. 5. The title has been changed as suggested but the authors do not feel that changing the title to gram-negative anaerobes is appropriate given our study focus on AA. 6. All p-values have now been provided. 7. Significant has been changed to detectable with the threshold limit of approximately 10⁴ CFU/mL detailed in the manuscript. 8. No other methods of sampling, such as collection of supra or sub-gingival plaque samples were available or approved for this initial pilot study – these are recommendations for future studies from this institution. |
| Minor REVISION comments | | |
| Optional/General comments | | |