



SDI Review Form 1.6

Journal Name:	<u>Journal of Advances in Medical and Pharmaceutical Sciences</u>
Manuscript Number:	Ms_JAMPS_32303
Title of the Manuscript:	EVALUATION OF EFFICACY OF CO-ARTEMISININ IN THE TREATMENT OF PLASMODIUM FALCIPARUM MALARIA IN GOMBE STATE, 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.

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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 first paragraph is a repetition of the methods section and should be reduced to avoid repetition. The numbers shown in Table 1 are confusing, since they are using commas and periods. Please, make sure the decimals are separated from integers by a period. Table 2 legend/footnote should show definitions for EFF, LCF, LTF and ACPR, or all definitions should be shown in the text when first mention table 2. In any case, the nomenclature for the therapeutic response should be classified as early treatment failure (ETF), late clinical failure (LCF), late parasitological failure (LPF) and adequate clinical and parasitological response (ACPR) according to WHO protocols and a description and a reference should be included in Materials and Methods section. When they appear defined, the acronyms should be used in the text in every occasion. The same can be done for the drug combination, so that no need for repetition. In lines 165-166, the authors say: "There was late treatment failure" but no failure can be seen in the table. In line 188, they say that AL has the highest ACPR, but in fact, but both AL and DHA-PQ have the same ACPR. In lines 202-205, authors state: "A total of 15 out of 185 patients shows resurfacing of parasitemia and after genotyping 7 of 15 patients shows similarities in the genotyping from pre and post treatment (reinfection) while 8 of 15 patients shows no similarities in the genotyping from pre and post treatment (recrudescence)". The concepts are shown backward because reinfection can be detected when the genotypes of the parasites before and after are different, and recrudescence can be assumed when genotypes are the same. However, it need to be	It has been taken care of and implemented in the original article. Legend/foot note was provided in the original article. There was no late treatment failure as seen in the table. Both AL and DHA-PQ have the highest ACPR. The concepts of recrudescence occurs when pre and post genotypes are identical while new infection occurs when pre and post genotypes are non identical. Table 4 was re-designed so as to be more clear and detailed as presented in the original article. 20.12 is indicating band size difference.



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	noted that some patients can be get reinfected by a parasite showing the same genotype, especially true if the genotyping markers used do not interrogate the sequence of the fragments (eg: the use of restriction enzymes) or highly variable markers are used (eg: microsatellites). In addition, the information on the genotyping shown in table 4 in confusing. For AL and DHA-PQ patients, 30 and 23 bands, respectively, are said to be shared between the samples. They should talk about haplotypes indentified before and after, where each haplotype is defined by a specific band pattern of the three loci used for genotyping. I do not understand what is a band size mean of 20.12 bp and so on. The authors may be referring to band size difference of 20.12, which is significant. Lines 219-225 are a repetition of the results and should be deleted. In line 226 geo-politacal should be corrected to geo-political. I suggest that the authors follow the definitions of treatment failure and new infection made by Happi et al, 2004 (referred as reference 12), since they used the same loci for genotyping. In lines 238-240, the authors say: “non matching of parasite genotype of pre and post treatment of infection in patients 53.3% which suggested a recrudescence [Shaukat et al. 2012]. However, the cited authors made definitions based on microsatellite markers as: “A recrudescence infection had matching alleles at every locus or all but one locus when comparing genotypes on day 0 and day of recurrent parasitaemia”	This has been corrected in the original article. Geo- political has been corrected as against geo-politacal. This has been taken care of and corrected in the original article.
<u>Minor</u> REVISION comments	I do not think Figure 1 is relevant. A figure showing the genotyped loci is more relevant.	Noted.
<u>Optional/General</u> comments		The corrections/observations made were noted and highly appreciated.