

## REVIEWER'S REPORT

**Manuscript No.:** IJAR-55527

**Title:** Assessment of Disease Severity in Sickle Cell Disease Patients from the Nandurbar Region of Maharashtra.

### Recommendation:

Accept as it is .....

Accept after minor revision.....

Accept after major revision .....

Do not accept (*Reasons below*) .....

| Rating         | Excel. | Good | Fair | Poor |
|----------------|--------|------|------|------|
| Originality    |        | ✓    |      |      |
| Techn. Quality |        | ✓    |      |      |
| Clarity        |        |      | ✓    |      |
| Significance   |        | ✓    |      |      |

**Reviewer Name:** Dr. Amina

### Reviewer's Comment for Publication.

The manuscript presents a clinically relevant and region-specific study assessing disease severity among sickle cell disease (SCD) patients in the tribal-dominated Nandurbar district of Maharashtra. Given India's high SCD burden and the limited availability of severity-based clinical data from tribal regions, this study addresses an important gap in public health and hematological research.

The **originality** of the work is appreciable, as it focuses on severity assessment rather than prevalence alone, using a combination of clinical indicators and hematological parameters. The emphasis on tribal populations, who are often underrepresented in research, strengthens the relevance and applicability of the study.

From a **technical standpoint**, the methodology is generally sound. The cross-sectional design, clearly defined inclusion and exclusion criteria, ethical approval, and use of standard diagnostic tools such as solubility testing and HPLC enhance the scientific credibility of the work. Laboratory procedures are described in sufficient detail, allowing reproducibility. However, the manuscript would benefit from a clearer description of the **severity scoring system used**, including how clinical and laboratory parameters were weighted or combined to classify patients into mild, moderate, and severe categories.

In terms of **clarity**, while the manuscript is comprehensive, it is lengthy and occasionally repetitive, particularly in the introduction section. Several typographical errors, formatting inconsistencies, and misplaced phrases (e.g., unrelated text interruptions) detract from readability. Streamlining the introduction and improving language precision would significantly enhance clarity. Tables and figures should also be better integrated and clearly referenced in the text.

The **significance** of the study is high, especially for public health planning and clinical management in tribal areas. The findings underscore the need for routine severity assessment to guide early interventions

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such as hydroxyurea therapy, transfusion planning, and preventive care. The study also supports the need for region-specific severity scoring models tailored to Indian tribal populations.

### Suggestions for Revision:

1. Clearly define and justify the disease severity scoring criteria used in the study.
2. Reduce redundancy in the introduction and focus more on the study rationale.
3. Improve language, grammar, and formatting consistency throughout the manuscript.
4. Present results more systematically, preferably with summary tables or figures.
5. Strengthen the discussion by directly comparing findings with similar Indian and global studies.

### Conclusion:

With **minor revisions**, this manuscript is suitable for publication and can contribute meaningfully to understanding and managing sickle cell disease severity in underserved tribal populations of India.