



**SDI Review Form 1.6**

Journal Name:	<a href="#">Asian Hematology Research Journal</a>
Manuscript Number:	<b>Ms_AHRJ_49944</b>
Title of the Manuscript:	<b>FV, FVIII and fibrinogen activity in fresh frozen plasma, frozen plasma and cryoprecipitate: observational cross-sectional study</b>
Type of the Article	<b>Original Research Article</b>

**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)
<b>Compulsory</b> REVISION comments	<p><b>Lines 105-109: The text is exact copy of the reference. Please rephrase.</b></p> <p><b>Lines 99-109: It is not clearly explained why the storing of blood reduced the availability of female blood donors.</b></p> <p><b>Line 122: the main indication of plasma transfusion is</b> to correct deficiencies of clotting factors, for which a specific concentrate is not available [Blood Transfus. 2009 Apr; 7(2): 132–150.] and not restoration of blood volume! Please rewrite the whole paragraph according to the bibliography.</p> <p><b>Lines 128-130: Are there any data supporting that FP and FFP are clinically equally effective? Please search the literature and revise accordingly. Please indicate in which situations the decrease of FVIII in transfused plasma is not clinically important.</b></p>	<ul style="list-style-type: none"> <li>- Lines 105-109 rephrased</li> <li>- What the authors mean that current TRALI reduction strategies include avoiding transfusion of plasma from female donors. Such a policy decreases the number of donors available for generation of FFP as it will remove roughly half of the donor pool. To increase the supply of FFP, substitution of FP24 may help.</li> <li>- Line 122 paragraph adjusted and new reference added</li> <li>- The levels of most clotting factors in FP24 are not significantly diminished compared to regular FFP at the time of thawing (Korean J Hematol. 2010; 45 (3): 152-157; Transfusion. 2006; 46: 1292-1299; Transfusion. 1999; 39: 488-491; Transfusion. 2005; 45: 13423-1348.)</li> <li>- Recently 2 studies demonstrated that clotting factors levels remain hemostatic during 5 days of storage (Transfusion. 2008; 48: 2525-2530; Transfusion. 2009; 49: 1584-1591)</li> <li>- In one study the decline in FV and FVIII on storage and in the other study lower PS level are minor changes that are unlikely to be clinically significant.</li> <li>- The authors think that FFP, and FP24 can be safely used to effectively treat the coagulopathy of liver disease, TTP, DIC, to reverse Warfarin effect and to manage massive traumatic blood loss as FVIII being an acute phase protein, its not deficient in many patients who are candidates for plasma transfusion</li> </ul>
<b>Minor</b> REVISION comments		
<b>Optional/General</b> comments		

**PART 2:**

	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)
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	No
If plagiarism is suspected, please provide related proofs or web links.	Lines 105-109: The text is exact copy of the reference. Please rephrase.	Rephrased