## Review Form 1.7

| | |
|---|---|
| Journal Name: | **International Journal of Research and Reports in Hematology** |
| Manuscript Number: | **Ms_IJR2H_98748** |
| Title of the Manuscript: | **An usual case of congestive cardiac failure** |
| Type of the Article | **Case study** |

**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:

(https://www.journalijr2h.com/index.php/IJR2H/editorial-policy )

## Review Form 1.7

**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<br><br>1. **Is the manuscript important for scientific community?**<br>(Please write few sentences on this manuscript)<br><br>2. **Is the title of the article suitable?**<br>(If not please suggest an alternative title)<br><br>3. **Is the abstract of the article comprehensive?**<br><br>4. **Are subsections and structure of the manuscript appropriate?**<br><br>5. **Do you think the manuscript is scientifically correct?**<br><br>6. **Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.**<br><br>**(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)** | **1-the manuscript is important for scientific community**<br>**2-suggested title: congestive cardiac failure in A case of Fanconi anaemia: usual presentation in a rare disease**<br>**3-abstract should be more informative with reformulation**<br>**4- subsections and structure of the manuscript should be revised to allow more logic flow of ideas.**<br>**5-the manuscript will be scientifically correct after revision of all concerns.**<br>**6- references are insufficient and numbering is needed in both reference section and in discussion**<br>**To make your case more informative, also you should report on the immune nature of the disease, so I prepare that paragraph to be added to the discussion section, also references were added:**<br>TGF-β1 is an important T helper 3 (TH3) immune suppressor cytokine that promotes B cell and T helper cell interaction [1]. TGF-b1 has been shown to selectively inhibit the growth and differentiation of early HSCs, contributing to marrow failure in Fanconi anemia [2]. IL-10 is an immune-regulatory cytokine having anti-tumor effect [3]. Fanconi anemia patients presenting severe cytopenia had elevated IL-10 levels [4]. Toll like receptors play a considerable role in the host defense against microorganism [5]. TLR-dependent overproduction of TNFα is an important element in the pathogenesis of BM failure of Fanconi anemia [6]. The higher expression of PD-L1 was associated with poor response to induction therapy in AML patients [7]. There is a high mutational load in Fanconi anemia - acute myeloid leukemia (FA-AML) cell lines, which also express PD-L1 [8].<br><br>[1] Abdel Hammed MR, Ahmed YA, Adam EN, et al. (2022). sVCAM-1, and TGFβ1 in chronic phase, chronic myeloid leukemia patients treated with tyrosine kinase inhibitors. Egypt J Immunol. Oct;29(4):163-173. PMID: 36208045<br><br>[2] Isufi I, Seetharam M, Zhou L, et al. Transforming growth factor-b signaling in normal and malignant hematopoiesis. J Interferon Cytokine Res 2007;27:543–552<br><br>[3] Mohammed D, Khallaf S, El-Naggar M. et al. (2021). Interleukin-10: A Potential Prognostic Marker in Patients with Newly Diagnosed Multiple Myeloma. Research in Oncology. 17(1): 38-41. doi: 10.21608/resoncol.2021.51503.1127<br>[4] Bijjiga E, Martino AT. Interleukin 10 (IL-10) Regulatory Cytokine and Its Clinical Consequences. J Clin Cell Immunol. (2011) 1–6. doi: 10.4172/2155-9899.S1-007<br><br>[5] Abdel Hameed, M. R., Elgendy, S. G. ., El-Mokhtar, M. A., Sayed, D. ., Mansour, S. M. . and Darwish, A. M. . (2022) "T-LYMPHOCYTES EXPRESSION OF TOLL-LIKE RECEPTORS 2 AND 4 IN ACUTE MYELOID LEUKEMIA PATIENTS WITH INVASIVE FUNGAL INFECTIONS: Toll-like receptors 2 and 4 in Acute Myeloid Leukemia Patients with Invasive Fungal Infections", Mediterranean Journal of Hematology and Infectious Diseases, 14(1), p. e2022022. doi: 10.4084/MJHID.2022.022.<br><br>[6] Pang Q, Keeble W, Christianson TA, Faulkner GR, Bagby GC. FANCC interacts with hsp70 to protect hematopoietic cells from IFN-gamma/TNF-alpha-mediated cytotoxicity. EMBO J. 2001;20(16):4478–4489. [PMC free article] [PubMed] [Google Scholar]<br><br>[7] Abdel Hafeez LA, Mansor SG, Zahran AM et al. (2021). Expression of programmed death ligand-1(PDL-1) in Acute Myeloid Leukemia Patients and its relation to post induction Response. SECI Oncology Journal, 9(2): 106-111. doi:10.21608/secioj.2021.170554 | |

| | | |
|---|---|---|
| | [8] Tingting Huang, Bonnie W Lau, Shiyu Wang; Increased PD-L1 Expression in Acute Myeloid Leukemia with Fanconi Anemia/BRCA Mutations. *Blood* 2020; 136 (Supplement 1): 32–33. doi: https://doi.org/10.1182/blood-2020-142949 | |
| **Minor** REVISION comments<br>**1. Is language/English quality of the article suitable for scholarly communications?** | English editing throughout the manuscript should be revised. | |
| **Optional/General** 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)* |
|---|---|---|
| **Are there ethical issues in this manuscript?** | *(If yes, Kindly please write down the ethical issues here in details)* | |

**Reviewer Details:**

| | |
|---|---|
| Name: | **Muhamad R Abdel Hameed** |
| Department, University & Country | **Assiut University, Egypt** |