Review Form 3

Journal Name:	**International Journal of Biochemistry Research & Review**
Manuscript Number:	**Ms_IJBCRR_123432**
Title of the Manuscript:	**ASSESSMENT OF SERUM GAMMA GLUTAMYL TRANSFERASE, ASPARTATE AMINOTRANSFERASE AND ALBUMIN IN TUBERCULOSIS PATIENTS UNDER TREATMENT IN EDSUTH, EDO STATE, NIGERIA.**
Type of the Article	**Original Research Article**

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PART 1: Review Comments

Compulsory REVISION comments	**Reviewer's comment**	**Author's Feedback** *(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Please write a few sentences regarding the importance of this manuscript for the scientific community. Why do you like (or dislike) this manuscript? A minimum of 3-4 sentences may be required for this part.	**The search for liver-function of anti-tuberculous drugs under investigation, while a noble cause no doubt, has been robustly performed and immensely reported. The findings in the current MS will add little. If any, to the scientific community.**	
Is the title of the article suitable? (If not please suggest an alternative title)	**Quite reasonable title.**	
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.	**Moderately convenient.**	
Are subsections and structure of the manuscript appropriate?	**Reasonable.**	
Please write a few sentences regarding the scientific correctness of this manuscript. Why do you think that this manuscript is scientifically robust and technically sound? A minimum of 3-4 sentences may be required for this part.	**Several errors were sought in the "results" section, which largely threaten the unity and correctness of the MS. There are few illogic choices of items to probe and in picking the correct ages/number of patients and their controls as well.**	
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.	**Most recent reference was in 2021. There are many newer ones that can be additionally used to add more power to the MS.**	

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Minor REVISION comments **Is the language/English quality of the article suitable for scholarly communications?**	Moderate.	
Optional/General comments	Several observations were found. Will cite the important ones: Indeed, the effects of anti-tuberculous drugs on liver markers have been largely studied, reported and covered from multifaceted angles. 1-Sample freezing temp for enzyme assays should be roughly equal among various samples (which was not mentioned here), and more importantly the temp should be best at a minimum of -70 C^0, not -20 C^0 as performed and reported in the current study. 2- AST as a liver-marker is not the best marker enzyme transferase, ALT is a liver more specific enzyme, AST is an equally specific one for heart-muscle (myocard), but is used as a joint liver enzyme with ALT. ALT is more specific for liver damage since it is found primarily in the liver and has a longer half-life, whereas AST is found in many other organs. **3- Results**: - **Table 1.** Shows clearly that (Mean Age) for the control group (23 yrs), is quite younger than those ages chosen for the treated groups (42-44 yrs), which offers another unnecessary additional variable. **- Table 2** legend, the following statement is incorrect, since results are statistically insignificant: **Whereas, statistically significant *decrease* was observed in rifampicin (11.53±4.68) treated patients as compared with tuberculosis patients treated with Pyrazinamide (14.27±8.41) in 3-5 months (P=0.23).** **4- Table 3:** This legend-statement contradicts with meaning as well as the statistics performed on data in the table 3. **“**Statistically significant decrease was observed in the AST values of tuberculosis patients treated with rifampicin during the period of treatment as compared with the tuberculosis patients treated with Pyrazinamide and the control group. **“** **5- Table 4: The following Legend statement on data significance (<1 month) conflicts with the table report indicative of (P<0.32). “**The albumin values in tuberculosis patients treated with rifampicin statistically increased (P = 0.32) as compared to tuberculosis patients treated with Pyrazinamide. **However, the reported P value is NOT-correct, because the actually-calculated P-value at (df=68) is 0.0001, highly significant.** **6- Table 4, the reposted data significance for (6 months and >, i.e. not significant, P<0.16) is NOT correct because the calculated P-value at (df=68) is actually 0.0002, means that it is highly significant. Legend statement is therefore partly correct BUT in high paradox with the table and data values.** **7- Table 4, The albumin decreases from (6 months data) and from the control values are NOT a slight decrease, BUT massive statistically significant decreases, (P<0.0002, P<0.0001, respectively).** **8- References are largely not updated, although the literature is endowed with valid new ones indeed. Ref. No 11 has no year for its citation.**	

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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)*	

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