OPEN PEER REVIEW

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- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
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- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

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Peer Review

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Peer Review Report for "Seroprevalence of Epstein-Barr Virus in HIV-Infected Patients, A Case Control Study"

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Review Timeline:

Submit Date:	5 Oct 2018
Revised Date:	2 Mar 2019
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Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

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Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

نظر کارشناس اول :
چکیده: کلیدواژه‌ها بر اساس مش نوشته شوند.
جوابیه: اصلاح شد Human Immunodeficiency Virus, Epstein-Barr Virus
مقدمه: برخی مطالب غیر مرتبط است
جوابیه: رفرانسهای ۶ و ۷ با رفرانسهای مرتبط جایگزین شد Abdollahi et al, in 2014 showed that seroprevalence of EBV in HIV-positive patients is higher than HIV-negative healthy participants. They claimed that there was no significant difference in seroprevalence of EBV VCA IgG antibody between patients received antiretroviral therapy and naive patients. They also stated that there was no statistically significant difference in EBV-VCA IgG seroprevalence between three groups of CD4+ in HIV positive group (6). He et al, in 2011 studied on 1110 HIV-infected patients in China and showed that the overall seroprevalence of anti-EBV IgG antibody was 96.6% (7).
مواد و روشها: نیاز به بازنویسی دقیق دارد و برای حجم نمونه نیاز به رفرانس دارد.
جوابیه: اصلاحات انجام شد In a case control study, using Cochran's formula for calculating sample size according to Ling et al. study (9) with 0.80 confidence level and 0.05 margin of error, 61 patients with HIV infection who referred to Behavior Consulting Center (BCC) and a total of 62 healthy people as a control group, who referred to Razi laboratory in Hamedan, Iran were investigated. The survey was done during April 2015 to June 2016.
یافته ها: در فایل متن مقاله اشاره شده است
جوابیه: در متن اصلاح شد
بحث: در فایل متن مقاله اشاره شده است. از متون جدید در بحث استفاده شود
جوابیه: در متن اصلاح شد
منابع: منابع قدیمی زیاد است. بهتر است از منابع جدیدتر استفاده شود
جوابیه: رفرانسهای قدیمی و غیرمرتبط با رفرانسهای جدید جایگزین شد
نظر کارشناس دوم :
کلیدواژه‌ها: مناسب است.
جوابیه: OK
مقدمه: در مقدمه اشاره به دو مطالعه (رفرانس های 6 و 7) شده که بر اساس اندازه گیری DNA ویروس EBV بوده اند و مشابهتی با این مطالعه ندارند.
جوابیه: رفرانسهای ۶ و ۷ با رفرانسهای مرتبط جایگزین شد Abdollahi et al, in 2014 showed that seroprevalence of EBV in HIV-positive patients is higher than HIV-negative healthy participants. They claimed that there was no

significant difference in seroprevalence of EBV VCA IgG antibody between patients received antiretroviral therapy and naive patients. They also stated that there was no statistically significant difference in EBV-VCA IgG seroprevalence between three groups of CD4+ in HIV positive group (6). He et al, in 2011 studied on 1110 HIV-infected patients in China and showed that the overall seroprevalence of anti-EBV IgG antibody was 96.6% (7).

مقدمه: با توجه به این که بیش از 90% بالغین در جامعه سروپوزیتیو می باشند، مطالعه بر اساس آنتی بادی EBV نمی تواند ارتباط آن را با HIV یا بیماریهای دیگر نشان دهد. لذا اهمیت انجام این مطالعه باید واضح تر توضیح داده شود.

جوابیه: اختلاف گروه HIV و گروه کنترل در مطالعات مختلف از نظر آماری معنی دار بود که در مقدمه به برخی از آنها اشاره شده است:

Abdollahi et al, in 2014 showed that seroprevalence of EBV in HIV-positive patients is higher than HIV-negative healthy participants.(6)

In another cross-sectional study by Boutboul et al, in 2005, 60 HIV-infected patients were compared with 54 uninfected ones and they observed that the incidence of EBV in HIV infected patients was 80% and clearly higher than non-infected ones which were 18% (15).

Roos et al. in 2000, compared 37 HIV-infected patients with 35 healthy controls for the EBV infection. The difference between two groups was significant and showed that active EBV infection is an important co-infection in HIV infected patients (84% of people infected with HIV comparing with 14% of healthy individuals). This high rate of infection is probably due to the weakness and immunodeficiency of patients (16).

علی رغم شیوع بالای سروپوزیتیویتی در جامعه، اختلاف گروه HIV و گروه کنترل در مطالعه ما نیز از نظر آماری معنی دار بود:

All HIV infected patients, 61 (100%) were positive for EBV- VCA IgG antibody, and in control group, of 62 patients, 57 (91.9%) were positive for antibody, and the IgG antibody titer of HIV infected patients is significantly higher than control (P value= 0.02).

ضمنا اهمیت انجام این مطالعه واضح توضیح داده شد:

Given the role of EBV in morbidity and mortality of HIV infected patients and its relation with malignancy, studying the prevalence rate of its infection in immunocompromised patients seemed to be necessary. Therefore, this study was

performed to determine the prevalence of EBV infection in HIV infected patients.
مواد و روشها: روش مطالعه بطور مناسب توضیح داده شده است.
جوابیه:OK
یافته ها: در جمله آخر یافته ها ارتباط معنی دار بین تیتر آنتی بادی و درمان ART گزارش شده در حالی که در نتایج بخش چکیده ارتباطی بین شیوع عفونت EBV با درمان آنتی رتروویرال دیده نشده است.
جوابیه: لازم به ذکر است ارتباط معنی دار بین تیتر آنتی بادی و درمان ART جدا از عدم ارتباط بین شیوع EBV-Positivityبا درمان ART می باشد. با این وجود نتایج بخش چکیده به این شکل تغییر یافت: Moreover, there was no significant association between the prevalence of EBV infection with age, sex and anti-retrovirus therapy in HIV-infected patients (P>0.05). Also, there was a significant association between the antibody titer and antiretroviral therapy (P=0.004).
بحث: در بحث نتایج این مطالعه با مطالعات دیگری مثل Dolores و Stevens که بر اساس تعیین DNA ویروس در سلول های مونونوکلئار مقایسه شده که به نظر نمی رسد قابل قیاس باشد.
جوابیه: درست است که در مطالعات مذکور میزان بار ویروس مورد توجه قرار گرفته ولی ارتباط آن با تیتر آنتی بادی نیز مشخص شده که به فهم موضوع کمک می کند: Stevens et al, also showed that there is no statistically significant relationship between receiving antiretroviral therapy and EBV-DNA load in HIV-infected patients (P=0.7). However, patients with high levels of EBV-viremia showed greater level of anti VCA-IgG than patients with no EBV- DNA in the peripheral blood (P<0.0001) (17).
نتیجه گیري: بر اساس این مطالعه نمی توان نتیجه گیری کرد که بیماران HIV در معرض خطر بیشتر عوارض مربوط به EBV هستند و مثبت بودن آنتی بادی ریسک فاکتور لنفوم نیست.
جوابیه: این جمله در نتیجه گیری به این شکل تغییر کرد: Due to the complications caused by EBV which can be accrued in immune deficiency, it is recommended for all HIV-infected patients to investigate for co-infection of both viruses.
منابع: منابع مناسب است.
جوابیه:OK

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