Review Form 1.6

Journal Name:	**Journal of Advances in Medicine and Medical Research**
Manuscript Number:	**Ms_JAMMR_81784**
Title of the Manuscript:	**ENUMERATING THE ECONOMIC BURDEN OF ANTIBIOTIC RESISTANCE BASED ON ANTI-MICROBIAL SUSCEPTIBILITYTESTING IN VARIOUS INFECTIONS IN A TERTIARY CARE HOSPITAL: A PROSPECTIVE STUDY**
Type of the Article	

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.journaljammr.com/index.php/JAMMR/editorial-policy)

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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)*
Compulsory REVISION comments	**Dear Ladies and Gentlemen, Dear Journal-Team,** **the manuscript 'Enumerating the economic burden of antibiotic resistance on anti-microbial susceptibility testing in various infections in a tertiary care hospital: A prospective study' describes the importance of antibiotic sensitivity testing for improved care and reduced health care costs. The results are important and could be even more, if the authors would further discuss which costs are the most relevant.** **1. Materials and Methods: a) The performed statistics should be mentioned in this section. b) The various direct and indirect costs could be given in a table with numbers and details for calculation, if possible. c) Sensitivity testing was done for which indications and diseases? In severe diseases? d) Age, gender and socioeconomic status can be summarized in one table in this section. e) Ethics and informed consent details could be mentioned in this section to avoid repetition at the end of the text.** **2. Results: a) Table 4 and 5 about empirical resistance and sensitivity testing performed could be summarized in one table. b) 'Frequency' in all tables could be changed to patient numbers (Patients). If multiple testing was performed numbers could be given in brackets. c) Results for statistical testing can be briefly given in brackets, e.g. the p-value. d) The t-value is calculated in the t-test for further significance testing. The F-value is calculated for variance differences to proof the normal distribution of the populations. Differences of the mean are shown. There is no need to give t- or F-values. e) The headlines of the parts of the results sections are not easy to understand. Following changes could be made: 3.6.1 Comparison of direct costs for patients with or without resistance after empirical therapy, 3.6.2 Comparison of indirect costs for patients with or without rsistance after empirical therapy, 3.6.3 Comparison of total costs for patients with or without resistance after empirical therapy,3.6.4 Comparison of hospital stay and costs, 3.6.5 Comparison of direct costs for patients with antibiotic resistance with or without sensitivity tests performed, 3.6.6 Comparison of indirect costs for patients with antibiotic resistance with or without sensitivity tests performed, 3.6.7 Comparison of total costs for patients with antibiotic resistance with or without sensitivity tests performed. f) The text should be checked to avoid the language style used in an oral presentation. For example in section 3.6.1 and further sections the sentence 'this means' could be changed to: 'The higher mean direct costs for patients with antibiotic resistance compared to patients without resistance was (mainly) due to the shifting of antibiotics from low cost to high cost or the use of multiple antibiotics for the same infection.' g) Clear reasons for cost differences in each results section are given and should be specified, if possible. h) Section 3.6.3: The text after table 8 explaining antibiotic resistance as a naturally occuring mechanism is better placed in the introduction or discussion. i) Discussed references like Mauldin et al. are part of the discussion. j) Your advice of early antibiotic testing is part of the discussion as well. k) The definition of sensitivity and susceptibility could be moved to the introduction or discussion.** **3. Discussion: A separate section is crucial. A Comparison with the literature that empirical therapy in not severe diseases, certain diseases and ambulatory therapy is sufficient and not cost-intensive could be done in the discussion section. Besides discussed topics in the results section have to be shifted.** **4. References: Please check for accuracy and according to the Journal Style Guidelines, e.g. reference 1 (molecule), 3, 4, 5, 11, 23 (vancomycin resistant).** **5. Language: Please change within the title to 'susceptibility testing'. The language can be improved furher after revision.** **Sincerely,**	

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Minor REVISION comments		
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:	**Raphael R Ciuman**
Department, University & Country	**St. Mary's Hospital, Germany**