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8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

ESPS manuscript NO: 20912

Title: Upper gastrointestinal bleeding risk scores: Who, when and why?

Reviewer's code: 00004093

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2015-06-26 11:01

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting and well written article. A following point can be easily incorporated in a revised version. The authors should discuss molecular pathological epidemiology (MPE). In the MPE framework, risk factors are associated differentially with various subtypes of disease including gastrointestinal bleeding. Hence, risk scores are likely different for different subtypes of bleeding. Thus, for future research, the authors should discuss MPE. The authors can quote Gut 2011; Am J Gastroenterol 2014 for the concept of MPE.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

ESPS manuscript NO: 20912

Title: Upper gastrointestinal bleeding risk scores: Who, when and why?

Reviewer's code: 02445033

Reviewer's country: Spain

Science editor: Xue-Mei Gong

Date sent for review: 2015-06-26 11:01

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a review on the characteristics, clinical use and limitations of upper gastrointestinal bleeding risk scores. This is a relevant topic because, although scientific societies guidelines recommend the use of these scores (albeit with a low strength recommendation), its use has not become generally adopted. The review seems thorough and updated. I would like to make some comments: - Trying to fit the review in the sections who, when and why, as it is described in the title, makes the text somewhat confusing for the reader. The "Who section" seems a brief description of the main available risk scores. The "When section" makes a more deep review of the scores and their main outcomes, but it does not deals with "when" each score should be used. The reader could guess that the "why section" would deal with the reasons for a score to be used over a clinical evaluation, but it starts with a comparison of scores performance for different outcomes, a very interesting question that should fit more appropriately on the previous section. - The "why" section should be the more appealing, since the authors want to persuade the reader to use risk scores when approaching a patient with UGIB. - I suggest adding a more practical approach to the use of scores in the conclusion. Which score should be used depending on our objective (e.g. discharging a low-risk



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patient, early intervention on a high-risk patient, etc.). For instance, guidelines recommend using the Blatchford score to identify very low-risk patients (score 0) amenable to early discharge without endoscopy (Laine L, Am J Gastroenterol 2012). Other authors recommend the use of nonendoscopic scores when first evaluation patients with UGIB, early EGD in patients admitted with UGIB and early discharge if endoscopic low-risk lesions (Das A, Gastrointest Endosc 2004). - As the authors state, anticoagulants may change the mortality and rebleeding rates and most of the scores do not address this issue. Perhaps the fact that the AIMS65 score includes INR as a risk factor may be emphasized. Summing up, the authors should make the effort to transform this deep review of the available evidence in a more practical tool for practicing physicians.