



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 101115

**Title:** Relevance of Epidemiology Data in Trauma management

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 08302270

**Position:** Peer Reviewer

**Academic degree:** PhD, Assistant Professor

**Professional title:**

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** India

**Manuscript submission date:** 2024-09-04

**Reviewer chosen by:** Yu Bai

**Reviewer accepted review:** 2024-09-25 02:43

**Reviewer performed review:** 2024-10-04 03:37

**Review time:** 9 Days

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

1. The abstract could be slightly more detailed. It briefly mentions the role of epidemiology in trauma prevention and planning, but it would benefit from a clearer, more concise summary of the major points discussed later in the letter. For instance, the importance of trauma registries could be highlighted earlier. 2. Some sentences are a bit long or convoluted, which can affect readability. 3. Consider rephrasing certain sections to improve clarity. For example, “induced the situation of accident proneness” could be changed to “increased the risk of accidents.” 4. You mention that epidemiology data helps shape trauma management, but it would be useful to elaborate on how this data can improve outcomes or guide specific interventions. For instance, you could include a brief discussion on how data analytics, predictive models, or machine learning tools are used to interpret this data and anticipate future trends. 5. Some claims could be strengthened with additional citations or references. For instance, the claim about summer being a more vulnerable period for trauma could benefit from statistical support or a reference to relevant studies. Similarly, the point about male gender being more affected in trauma could be backed by epidemiological studies. 6. While road



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traffic accidents are a significant focus in trauma management, you may want to briefly mention other causes of trauma (e.g., falls, violence, or industrial accidents) to show that trauma care is a multifaceted issue. This could give a more comprehensive view of trauma epidemiology. 7. Consider adding a concluding paragraph that summarizes the key takeaways and emphasizes the importance of integrating epidemiological data into ongoing trauma prevention and management efforts. Your editorial letter is informative and discusses the role of epidemiology in trauma management well. With some refinement in phrasing, more focused discussion on the direct applications of data, and additional references, this can become an excellent contribution to the field. The overall theme is strong, and the inclusion of trauma prevention and registry development adds significant value to the letter.