PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine
Manuscript NO: 90617
Title: SHOCK INDEX AND ITS VARIANTS AS PREDICTORS OF MORTALITY IN SEVERE TRAUMATIC BRAIN INJURY
Provenance and peer review: Invited Manuscript; Externally peer reviewed
Peer-review model: Single blind
Reviewer’s code: 02446043
Position: Editorial Board
Academic degree: FACC
Professional title: Lecturer
Reviewer’s Country/Territory: Malaysia
Author's Country/Territory: Brazil
Manuscript submission date: 2023-12-08
Reviewer chosen by: AI Technique
Reviewer accepted review: 2023-12-09 03:12
Reviewer performed review: 2023-12-11 13:36
Review time: 2 Days and 10 Hours

<table>
<thead>
<tr>
<th>Scientific quality</th>
<th>[ ] Grade A: Excellent</th>
<th>[ ] Grade B: Very good</th>
<th>[ ] Grade C: Good</th>
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<td>[ ] Grade D: Fair</td>
<td>[ ] Grade E: Do not publish</td>
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<tr>
<th>Novelty of this manuscript</th>
<th>[ ] Grade A: Excellent</th>
<th>[ ] Grade B: Good</th>
<th>[ ] Grade C: Fair</th>
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<td>[ ] Grade D: No novelty</td>
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<th>Creativity or innovation of this manuscript</th>
<th>[ ] Grade A: Excellent</th>
<th>[ ] Grade B: Good</th>
<th>[ ] Grade C: Fair</th>
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<td>[ ] Grade D: No creativity or innovation</td>
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### Scientific significance of the conclusion in this manuscript

- **Grade A:** Excellent
- **Grade B:** Good
- **Grade C:** Fair
- **Grade D:** No scientific significance

### Language quality

- **Grade A:** Priority publishing
- **Grade B:** Minor language polishing
- **Grade C:** A great deal of language polishing
- **Grade D:** Rejection

### Conclusion

- **Accept (High priority)**
- **Accept (General priority)**
- **Minor revision**
- **Major revision**
- **Rejection**

### Re-review

- **Yes**
- **No**

### Peer-reviewer statements

- **Anonymous**
- **Onymous**

- **Conflicts-of-Interest**
  - **Yes**
  - **No**

### SPECIFIC COMMENTS TO AUTHORS

This is an interesting paper which showed that the product of age and the shock index is useful as a predictor of mortality in patients with severe traumatic brain injury. As noted in Table 1 and in their discussion, the present findings confirm work previously done by others which showed age to be significantly predictive of survival in traumatic brain injury (ref 20-24). To make the article more interesting, perhaps the authors can compare survivors with non-survivors in table 1 as regards other simple clinical parameters (e.g., smoking, hypertension, diabetes, heart disease, obesity), and see if there is a statistical difference. Such a significant difference in clinical parameters between the 2 groups if present may point the way for the use of these simple clinical features in addition to age and shock index as predictors of survival in later studies, as age-shock index product was pointed out by others.