

Format for ANSWERING REVIEWERS

December 17, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15017-review.doc).

Title: Laboratory test variables useful for distinguishing upper from lower gastrointestinal bleeding

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 15017

The manuscript has been improved according to the suggestions of reviewers:

Reviewer 1

To the authors, I have no concerns about your manuscript. However, I wonder how clinicians will use BUN parameter to distinguish upper from lower GI bleeding.

Response: "When BUN of a patient was higher than 21.0 mg/dL, a clinician would predict upper GI bleeding with sensitivity of 36.4% and specificity of 93.0%." was added to the last part of the second paragraph of Discussion.

Reviewer 2

Dear Editor, Authors Thank you for sending the manuscript "Laboratory test variables useful for distinguishing upper from lower gastrointestinal bleeding" for revision please accept the following comments - Good idea to differentiate between upper and lower GIT bleeding.

- tests selected for this differentiation are expected to change according to hemodynamic instability and not the site of bleeding.

Response: Thank you for the useful suggestion. "These facts indicate that lower Hb designate hemodynamic instability." was added after the 4th line of the third paragraph of Discussion.

-No clinical comments on patients presentations at time of bleeding.

Response: Clinical comments were not presented because the main focus of the present study was laboratory test variables. "Laboratory test parameters were the focus of the present study. Clinical comments were not presented." were added to the 7th line of "Patient" paragraph of "Materials and methods".

- No one causal link between variables and bleeding site. -

Response: It would be hard to differentiate upper and lower GI bleeding when BUN was lower than 21.0 mg/dL. "One limitation of the present study was that differentiation would be hard between upper and lower GI bleeding when BUN was lower than 21.0 mg/dL." was added to the last part of the second paragraph of Discussion.

- Significant spelling mistakes.

Response: The manuscript was subjected to English editing by "Editage". The certificate was sent to the editorial office at the time of submission.

Reviewer 3

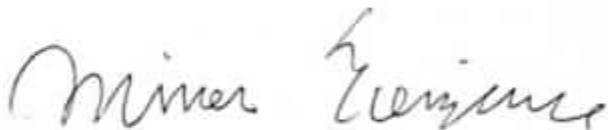
is is a good study. However, the authors are looking mainly at non variceal bleeds. Although the result maybe the same they need to state that as the management is different in the two types. Also the sensitivity is low.

Response: It is an important that management is different between variceal and non-variceal upper GI bleeding. A new paragraph was created just before coclusion, "The present study mainly consisted of non-variceal bleeding, although it included two patients with variceal bleeding. Upper GI bleeding is mainly consisted of non-variceal bleeding. It would be recommended that variceal or non-varicela be considered regarding magnagement of upper GI bleeding because management of variceal or non-variceal bleeding is different."

Regarding sensitivity, "When BUN of a patient was higher than 21.0 mg/dL, a clinician would predict upper GI bleeding with sensitivity of 36.4% and specificity of 93.0%." was added to the last part of the second paragraph of Discussion.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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