

ANSWERS TO REVIEWERS

Thank you for your valuable suggestions about our article. Our answers are listed below.

Sincerely,

Assoc. Prof. Mehmet Ali KARACA

Corresponding Author

First Reviewer's Code: 00070818

1-Reviewer: - "The introduction requires bulking up with some more recent data, clarifications as to what you cite (eg 7000 annual admissions where?) and better phrasing"

ANSWER: Gastrointestinal (GI) bleeding is one of the clinical conditions that results in approximately 7,000 admissions to *emergency medicine departments* (EDs) annually.

2- Reviewer: Some of the references are out of date.

Answer: References were checked and updated

3- Reviewer: In the references list some of the items have a missing journal name etc, please check.

Answers: References were checked and revised.

Second Reviewer's Code: 03475210

1-Reviewer: Please provide the postal code. And check throughout, thank you!

Answer: Postal code is added

2- Reviewers: Authors are required to make these statements in the manuscript's title page (please see sample wording in attachment).

Besides, please provide these ethics-related files, which are necessary for final acceptance, each in a separate PDF file, signed by the Correspondence author or a copy of Institution approval document(s)/letter(s) or waiver of confirmation. For sample wording and detailed information, please see the Revision policy in the attachment or Instruction to authors on our website. Thank you!

Answer: All these necessary forms were added to system again.

3- Reviewer: Please provide the detailed address.

Answer: Address is revised as; Hacettepe University, Faculty of Medicine, Emergency Medicine Department, Sıhhiye (06100), Ankara, Turkey.

4- Reviewer: In order to attract readers to read your full-text article, we request that the author make an audio file describing your final core tip, it is necessary for final acceptance. Please refer to Instruction to authors on our website or attached Format for detailed information.

Answer: Audio core tip was added.

5- Reviewers: For those references that have not been indexed by PubMed, a printed copy of the first page of the full reference should be submitted.

Answer: Reference 1 was added as pdf format in supplementary file

Third Reviewer's Code: 00503883

- 1- **Reviewer:** First of all congratulations for your job! Since the scope of the study were patients admitted to emergency department with clinically manifested gastrointestinal bleeding I think that is not acceptable that only 60,5% of the patients were submitted to upper gastrointestinal endoscopy. Guidelines recommend use of the Blatchford score to identify low-risk patients suitable for early discharge and the Rockall score to predict mortality and rebleeding. Blatchford score performed better than the Clinical Rockall score for predicting patients at high risk for clinical intervention in previous studies. A Blatchford score 0 was 99% to 100% sensitive for identifying a severe bleed in previous studies. Patients with a Blatchford score of 0, which may occur in up to ~ 5 – 20 % of those presenting with UGIB, have < 1 % chance of requiring intervention. Discharge from the emergency department without inpatient endoscopy may be considered in very low-risk patients with Blatchford scores of 0. Blatchford score was not calculated in the study but we could accept by the clinical and laboratorial variables that were higher than 1 point. In my opinion this is an important selection bias of a retrospective study that could change all presented data. I think that patients not submitted to gastrointestinal endoscopy could be excluded.

Answer: This study is a retrospective study, and we had searched patients' records from hospital data system. Retrospectively Blatchford score is calculated for each patient but it was retrospective study, usage of this score did not add new data in the management of these patients. In this study we searched poor prognostic factors that include physical findings, laboratory results, need of hospitalization, need of ICU management as well as endoscopy results. The usage of Blatchford score may be useful in prospective studies to determine further clinical interventions.

Unfortunately we can find about 60% percent of endoscopy result. In records, we read that some patients refused endoscopy and some patients went to other hospitals for endoscopy. We could not reach data of other hospitals. So we used only our hospital records. As a result, our primary aim of this study was to determine poor prognostic factors that affect on morbidity and mortality in these patients.