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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35383

**Title:** SCORING SYSTEMS FOR PEPTIC ULCER BLEEDING: WHICH ONE TO USE?

**Reviewer's code:** 00051373

**Reviewer's country:** Taiwan

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-07-26

**Date reviewed:** 2017-07-26

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 checked="" 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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[ Y ] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[ Y ] No	

### COMMENTS TO AUTHORS

This is an observation study with evidence base concept to explore the monitor system for upper GI non-varices bleeding control. The manuscript is written so far so good. There are two comments to be revise. The blood transfusion needs to be more detail describe such as the component like PRBC, platelet, plasma or whole blood; and the transfusion amount like 2 units or 10 units. There is very important to predict the outcome and estimate the bleeding severity.



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35383

**Title:** SCORING SYSTEMS FOR PEPTIC ULCER BLEEDING: WHICH ONE TO USE?

**Reviewer's code:** 02927665

**Reviewer's country:** China

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-07-26

**Date reviewed:** 2017-07-30

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 type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

The manuscript 35383, "Scoring systems for peptic ulcer bleeding: which one to use?" analyzed 1012 consecutive patients admitted with PUB. After comparing the RS, BBS and GBS scores systems, the author found that the RS is the best predictor of mortality and the GBS is the best predictor of rebleeding, need for blood transfusion and surgical intervention in patients with PUB. There is no one 'perfect score' and we suggest that these two tests be used concomitantly. It is an interest research for the PUB and can be published in WJG. However, there were some comments: 1.The authors should present the three scores system in a table and show the difference among these scores. This may be easier for the reader to understand this manuscript. 2.The figures and results should be re-collected as two parts: one is pre-endoscopic scores, the other is the post-endoscopic. In all, this study is an interest study and can be published in WJG after revised.



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35383

**Title:** SCORING SYSTEMS FOR PEPTIC ULCER BLEEDING: WHICH ONE TO USE?

**Reviewer's code:** 03474116

**Reviewer's country:** Japan

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-07-26

**Date reviewed:** 2017-07-30

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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" 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 type="checkbox"/> Minor revision
		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

General: In this study, the authors investigated to compare the scoring system of the Glasgow Blatchford score, Rockall score and Baylor bleeding score in predicting clinical outcomes and the need for interventions in patients with bleeding peptic ulcers. Finally, authors concluded that although there is no 'perfect score', the Rockall score is the best predictor of mortality and the Glasgow Blatchford score is the best predictor of rebleeding, need for blood transfusion and surgical intervention in patients with peptic ulcer bleeding. Although this study was well written, there were serious problem in this study, as below. Major comments: 1. In general, peptic ulcer disease is caused by H. pylori infection and NSAIDs intake. Authors should add this information. 2. In addition, intake of anticoagulant influence incidence of bleeding. Authors should add this information, and evaluate association with intake of anticoagulant and rebleeding. 3. Endoscopic treatment was required in 58% of patients with ulcer bleeding. Please show how to treat.