



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 37332

Title: Impact of the timing of capsule endoscopy in overt obscure gastrointestinal bleeding on the diagnostic and therapeutic yield and on the rebleeding rate-is sooner than 14 d advisable?

Reviewer's code: 00038617

Reviewer's country: Japan

Science editor: Li-Jun Cui

Date sent for review: 2017-12-04

Date reviewed: 2017-12-12

Review time: 8 Days

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

In this study, the authors evaluated the impact of the timing of capsule endoscopy in overt-obscure gastrointestinal bleeding (OGIB). The study was done in the retrospective, single center setting. Patients were divided into 3 groups according to the timing of capsule endoscopy ($\leq 48h$; $48h-14d$; $\geq 14d$). Their results indicated that in the $\leq 48 h$ group, the therapeutic yield was the highest and the rebleeding rate was the lowest, although the diagnostic yield was similar between 3 groups. Further, the time to rebleeding was longer in the $\leq 48 h$ group compared to the $> 48h$ groups ($p=0.03$). Their conclusion was that performing capsule endoscopy within 48h from overt-OGIB was associated with higher therapeutic yield and lower rebleeding rate and longer time to rebleeding. The manuscript is written well and have clinical value. However, the authors should revise



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the tables for publication because of their inappropriate description. (1) In Table 2-4, the authors should add the group name and total number of patients in each group at the first line of the tables. (2) In Table 5, two data to compare must be listed for a statistical analysis. Both data of $\leq 48\text{h}$ group and $> 48\text{h}$ group must be represented. (3) Please reconsider the title of the tables, especially Table 2-5.



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Title: Impact of the timing of capsule endoscopy in overt obscure gastrointestinal bleeding on the diagnostic and therapeutic yield and on the rebleeding rate-is sooner than 14 d advisable?

Reviewer's code: 02441274

Reviewer's country: India

Science editor: Li-Jun Cui

Date sent for review: 2017-12-04

Date reviewed: 2017-12-15

Review time: 11 Days

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

A useful study guiding the timing of CE in overt obscure GI bleed. The drawback however is retrospective nature of study. Moreover 2 different systems of capsule endoscopy (Given and Mirocam) were used. It may be worth nothing whether this advantage of performing early examination is true for both capsule system. Accept with modification.



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Manuscript NO: 37332

Title: Impact of the timing of capsule endoscopy in overt obscure gastrointestinal bleeding on the diagnostic and therapeutic yield and on the rebleeding rate-is sooner than 14 d advisable?

Reviewer's code: 00503883

Reviewer's country: Brazil

Science editor: Li-Jun Cui

Date sent for review: 2017-12-04

Date reviewed: 2017-12-16

Review time: 12 Days

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"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

This is an interesting issue. Despite the data of patients with overt-obscure gastrointestinal bleeding collected between January 2005 and August 2017 the authors described results of rebleeding rate in 5 years of 52.6%. Patients were follow-up until October 2017. This could altered statistical analysis and final results of the study. This study has not the sufficient power to change current recommendations of overt obscure gastrointestinal bleeding as suggested in discussion because retrospective design, small number of patients and limits of design study.



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Manuscript NO: 37332

Title: Impact of the timing of capsule endoscopy in overt obscure gastrointestinal bleeding on the diagnostic and therapeutic yield and on the rebleeding rate-is sooner than 14 d advisable?

Reviewer's code: 03258825

Reviewer's country: United States

Science editor: Li-Jun Cui

Date sent for review: 2017-12-04

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Review time: 13 Days

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
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This manuscript describes a single-center retrospective review of the timing of video capsule endoscopy (VCE) in overt obscure gastrointestinal bleeding (OGIB). They found that performing VCE within 48 hour from OGIB is associated with a higher therapeutic yield; lower rebleeding rate, and longer time to rebleed.

Comments:

1. The VCE used in the study include those made by both Given and MiroCam. Could the use of VCE from 2 different manufacturers result in the different clinical outcome? Please provide information regarding the number of Given and Mirocam VCE used in different time frames or clinical settings.



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2. The authors state that real-time viewer was used. This study includes VCE performed as early as 2005, when real-time viewer was not available for Given VCE. In addition, MiroCam does not have a real-time viewer to my knowledge. It seems that the use of real-time viewer and prokinetic agent only applies to a portion of VCE performed, not consistent with the methods described in the manuscript. Please explain.
3. Please define “on-going-overt-OGIB”. Does it mean that the patient has melena or hematochezia at the time of VCE? Or within 24 hours? Or within 48 hours? It is not clear to readers.
4. The manuscript states that 75.7% of VCE performed had appropriate cleansing. How is cleansing or bowel prep measured and how is appropriate cleansing defined?
5. What are the pathologies of mass and tumor found in the study?
6. There are significantly less patients with renal disease in the ≤ 48 hours group; could this explain the favorable outcome of this group of patients?
7. How are diagnostic yield (DY) and therapeutic yield (TY) defined? The authors state that 31 patients receive endoscopic treatment, 20 surgical treatment, and 3 radiological treatment; with a total of 54 patients (Table 4). However, in Table 3, 53 patients are counted under TY. The 2 data seem inconsistent..