

## PEER-REVIEW REPORT

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

**Manuscript NO:** 41432

**Title:** Postoperative survival analysis and prognostic nomogram model for patients with portal hypertension

**Reviewer's code:** 00503572

**Reviewer's country:** Mexico

**Science editor:** Ruo-Yu Ma

**Date sent for review:** 2018-08-08

**Date reviewed:** 2018-08-15

**Review time:** 6 Days

| SCIENTIFIC QUALITY                                | LANGUAGE QUALITY  | CONCLUSION   | PEER-REVIEWER STATEMENTS                      |
|---|---|--|---|
| <input type="checkbox"/> Grade A: Excellent       | <input type="checkbox"/> Grade A: Priority publishing       | <input type="checkbox"/> Accept                    | Peer-Review:                                  |
| <input type="checkbox"/> Grade B: Very good       | <input checked="" type="checkbox"/> Grade B: Minor language | (High priority)                                    | <input checked="" type="checkbox"/> Anonymous |
| <input checked="" type="checkbox"/> Grade C: Good | polishing   | <input type="checkbox"/> Accept                    | <input type="checkbox"/> Onymous              |
| <input type="checkbox"/> Grade D: Fair            | <input type="checkbox"/> Grade C: A great deal of           | (General priority)                                 | Peer-reviewer's expertise on the              |
| <input type="checkbox"/> Grade E: Do not          | language polishing  | <input checked="" type="checkbox"/> Minor revision | topic of the manuscript:                      |
| publish   | <input type="checkbox"/> Grade D: Rejection                 | <input type="checkbox"/> Major revision            | <input checked="" type="checkbox"/> Advanced  |
|   |   | <input type="checkbox"/> Rejection                 | <input type="checkbox"/> General              |
|   |   |  | <input type="checkbox"/> No expertise         |
|   |   |  | Conflicts-of-Interest:                        |
|   |   |  | <input type="checkbox"/> Yes                  |
|   |   |  | <input checked="" type="checkbox"/> No        |

### SPECIFIC COMMENTS TO AUTHORS

The manuscript entitled "Postoperative survival analysis and prognostic nomogram model for patients with portal hypertension" describe interesting results of a retrospective survey concerning survival and postoperative bleeding in patients after



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splenectomy plus pericardial devascularisation (SPD) vs splenectomy plus simplified pericardial devascularisation (SSPD). They successfully followed 557 and find no differences in survival and bleeding free survival between both groups. With independent predictors analysed with Cox regression test they design a nomogram for predicting survival in individualized patient. The results are interesting. Nevertheless as it was pointed out by authors it is a single centre study and results have to be validated and reproduced in other centres. In addition the study is retrospective so it is not free of bias. However the results are useful. I suggest authors to describe population in a better way (maybe with a table including aetiology, Child- Pugh grades, MELD punctuation, etc). I suggest authors be more explicit for the use of nomogram. It is very difficult to understand. Make review English in the manuscript and make corrections accordingly.

## **INITIAL REVIEW OF THE MANUSCRIPT**

### ***Google Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

### ***BPG Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

## PEER-REVIEW REPORT

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

**Manuscript NO:** 41432

**Title:** Postoperative survival analysis and prognostic nomogram model for patients with portal hypertension

**Reviewer's code:** 02527733

**Reviewer's country:** China

**Science editor:** Ruo-Yu Ma

**Date sent for review:** 2018-08-15

**Date reviewed:** 2018-08-25

**Review time:** 10 Days

| SCIENTIFIC QUALITY                                | LANGUAGE QUALITY  | CONCLUSION   | PEER-REVIEWER STATEMENTS                      |
|---|---|--|---|
| <input type="checkbox"/> Grade A: Excellent       | <input type="checkbox"/> Grade A: Priority publishing       | <input type="checkbox"/> Accept                    | Peer-Review:                                  |
| <input type="checkbox"/> Grade B: Very good       | <input checked="" type="checkbox"/> Grade B: Minor language | (High priority)                                    | <input checked="" type="checkbox"/> Anonymous |
| <input checked="" type="checkbox"/> Grade C: Good | polishing   | <input type="checkbox"/> Accept                    | <input type="checkbox"/> Onymous              |
| <input type="checkbox"/> Grade D: Fair            | <input type="checkbox"/> Grade C: A great deal of           | (General priority)                                 | Peer-reviewer's expertise on the              |
| <input type="checkbox"/> Grade E: Do not          | language polishing  | <input type="checkbox"/> Minor revision            | topic of the manuscript:                      |
| publish   | <input type="checkbox"/> Grade D: Rejection                 | <input checked="" type="checkbox"/> Major revision | <input checked="" type="checkbox"/> Advanced  |
|   |   | <input type="checkbox"/> Rejection                 | <input type="checkbox"/> General              |
|   |   |  | <input type="checkbox"/> No expertise         |
|   |   |  | Conflicts-of-Interest:                        |
|   |   |  | <input type="checkbox"/> Yes                  |
|   |   |  | <input checked="" type="checkbox"/> No        |

### SPECIFIC COMMENTS TO AUTHORS

This retrospective study We performed compared the outcomes of splenectomy plus pericardial devascularisation (SPD) versus splenectomy for patients with portal hypertension (PH). This study is interesting. However, the following concerns should be

addressed before reconsideration of acceptance. 1. They retrospectively followed 1045 patients who underwent SPD between January 2002 and December 2017, but only five hundred fifty-seven (53.30%) patients were successfully followed. Even so, a lot of patients were lost to follow-up among these 557 patients (Fig 1). 2. The total number of each groups should be described in abstract. 3. In conclusion, the authors said 'especially in primary hospitals'. But all included patients were treated in a tertiary center. Conclusion should be made based on their findings. 4. Did patients with HCC included or excluded? HCC is a common disease among patients with cirrhosis. 5. Table 1. Baseline data should be described in two arms. And P value also should be provided.

## INITIAL REVIEW OF THE MANUSCRIPT

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### *BPG Search:*

- ☐ The same title
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