



PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 51494

Title: PALBI - the Platelet-Albumin-Bilirubin Score – A Predictor of Outcome of Acute Variceal Bleeding in Patients with Cirrhosis.

Reviewer’s code: 00013649

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Academic Research, Doctor, Research Scientist

Reviewer’s country: Italy

Author’s country: Egypt

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-09-22 20:24

Reviewer performed review: 2019-09-28 16:42

Review time: 5 Days and 20 Hours

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 type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" 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



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Authors found, according with their hypothesis, an association between Platelet-Albumin-Bilirubin (PALBI) score and outcome of acute variceal bleeding in cirrhosis. This has high potential impact because the score is easy to calculate and fast. This could help to consider the score for future clinical trials testing new alternative therapies in comparison with standard of care, among them, early TIPS for patients at high mortality risk if addressed to the recommended endoscopic plus medical therapy to control bleeding. Unfortunately, several criticisms may be raised against the manuscript as I detail below: 1-Outcome of variceal bleeding has a specific timeframe from index bleed: 5-day for treatment failure, 42 days for early rebleeding/bleeding related death. Apparently, authors described the series only for the first time point and not the second. I suggest completing the analysis, if possible, by considering also the outcome at 42 days from index bleed. 2-Table 1 describes general characteristics of patients. I recommend including other important features related with the staging system of cirrhosis such as proportion of patients with previous decompensation and kind of decompensation, patients under non selective beta-blockers +/- endoscopic band ligation as primary or secondary prophylaxis before the bleeding episode, patients who needed to be managed in intensive care unit, the distribution of liver etiology, at least alcoholic (with active or previous alcoholism) vs non-alcoholic, Child-Pugh class distribution. Possibly some of these variables should be used as adjusting factor for the final analysis in order to seek out the independent prognostic role of the score. 3-Authors should add the comparison of the PALBI score with the modified MELD score also (Reverter et al Gastroenterology 2014) 4-The comparison of the AUROCs should be performed by using a statistical test (e.g. Hanley-Mc Neil or others) 5-Some typos or little grammar mistakes can be detected (e.g. "odd's" instead of odds, "data was" instead of data were etc.)



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INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

- The same title
- Duplicate publication
- Plagiarism
- No



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Name of journal: World Journal of Hepatology

Manuscript NO: 51494

Title: PALBI - the Platelet-Albumin-Bilirubin Score – A Predictor of Outcome of Acute Variceal Bleeding in Patients with Cirrhosis.

Reviewer’s code: 03024263

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer’s country: Russia

Author’s country: Egypt

Reviewer chosen by: Ruo-Yu Ma

Reviewer accepted review: 2019-10-10 08:33

Reviewer performed review: 2019-10-10 15:32

Review time: 6 Hours

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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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<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 type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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To the best of my knowledge, this is the first study to evaluate the performance of the PALBI score in predicting in-hospital mortality after variceal bleeding. Despite the retrospective single-center design, it is performed at a good methodological level in the large number of patients. Indeed, the PALBI score may be a good option for predicting in-hospital rebleeding and mortality in patients acute variceal bleeding. I have a few questions. It is well known that as well as severe liver failure important predictors of adverse outcome are the values of the hepatic venous pressure gradient (HVPG), measured within 24 hours after stabilization of hemodynamics, exceeding 20 mm Hg. How was portal pressure evaluated? If HVPG was not measured, were alternative methods used?

INITIAL REVIEW OF THE MANUSCRIPT

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BPG Search:

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