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PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 67039

Title: Sequential Organ Failure Assessment (SOFA) score is superior to other prognostic

indices in acute pancreatitis

Reviewer's code: 05466549 Position: Peer Reviewer

Academic degree: MBBS, MS

Professional title: Surgeon

Reviewer's Country/Territory: Maldives

Author's Country/Territory: Singapore

Manuscript submission date: 2021-04-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-19 09:40

Reviewer performed review: 2021-07-01 17:35

Review time: 12 Days and 7 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No
Peer-reviewer statements	Peer-Review: [] Anonymous [Y] Onymous Conflicts-of-Interest: [] Yes [Y] No



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SPECIFIC COMMENTS TO AUTHORS

Comments to the Author This is an interesting study comparing accuracy of different scores in predicting severity, ICU admission and mortality in AP. Several remarks would require corrections to improve the quality of the manuscript: 1. In the Abstract section, and throughout the manuscript (including in figure 1) please use "Ranson's" score rather than using "Ranson Score" interchangeably. 2. In the Introduction section, I would recommend adding a one or two sentences how SOFA score is calculated. I suggest to provide specific references of the study that compared the efficacy of the newer studies rather then just quoting "Few studies.....have compared Please write full form of APACHE in the introduction. 3. section: Could you please provide the reason of taking only the patients admitted in the surgery department? Were Alcoholic pancreatitis admitted preferably in medicine department? Alcoholic pancreatitis generally cause severe pancreatitis- so they might be excluded from the study. Is there possibility we missed significant cases of Alcoholic AP? SOFA score calculation: Was SOFA score calculated once only? If repeated after 48 hours, which SOFA score (mean or the highest) value was used? 4. In the Definitions, I would similarly recommend substituting "By current guidelines" with According to Revised Atlanta guidelines, in the Study Outcomes section. In prognostics scoring section of Definitions, I suggest either to add year in all scorings or drop the year. The development is mentioned for Ranson's, Glasgow score but not for APACHE, BISAP, HAPS, SOFA. 5. In the statistical analysis section, third line-Continuous variables... it says mean ± standard deviation represents an interquartile range, but interquartile range in difference between first and third quartile. Could you please make it clear? 6. discussion section seems denser, so I suggest it to make it more coherent by breaking into subheadings and removing the information that are not particularly important i.e,



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CI when mentioning AUROC value. 7. In the second paragraph of discussion section, last sentence- The lower prevalence prevalence of alcoholic pancreatitis may reflect lower consumption rates in the Asian population. Could this be also due to Alcoholic pancreatitis admitted in other departments and those were not included in the study? 8.

In discussion section please drop the confidence interval while mentioning the point estimate of the score value. 9. In Figures and legends: Figure 1,2,3: Please clarify what is Ranson's Cumulative? Is it Ransons's at 48 hours? Please use same terminology in ROC figure and table. It is better to use only figure rather than combing with table and labelling it as figure. 10. Table 1: Could you please mention what was included in the others and idiopathic etiology?