



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Pharmacology and Therapeutics*

Manuscript NO: 72036

Title: Timing of percutaneous endoscopic gastrostomy tube placement in post-stroke patients does not impact mortality, complications, or outcomes

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05207387

Position: Editorial Board

Academic degree: DSc, PhD

Professional title: Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: United States

Manuscript submission date: 2021-10-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-24 01:42

Reviewer performed review: 2021-10-26 16:35

Review time: 2 Days and 14 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Thanks for recommending me as a reviewer. The authors aimed to assess the safety of early (≤ 7 days post stroke) versus late (> 7 days post stroke) PEG tube placement and evaluate whether particular pre-procedural risk factors could predict mortality or complications. Overall, this study is well written. If the authors complete minor revisions, the quality of the study will be further improved. 1. Please check for typos. 2. Please check the text format.



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Title: Timing of percutaneous endoscopic gastrostomy tube placement in post-stroke patients does not impact mortality, complications, or outcomes

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02941405

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Full Professor

Reviewer's Country/Territory: Brazil

Author's Country/Territory: United States

Manuscript submission date: 2021-10-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-06 12:18

Reviewer performed review: 2021-11-11 18:22

Review time: 5 Days and 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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SPECIFIC COMMENTS TO AUTHORS

Dear Editor PEG is a more acceptable choice to deliver food than nasogastric tube because it is not associated with discomfort of oropharynx and decreases the incidence of complications such as esophagitis and respiratory infections. PEG has lower risk of occlusion and dislocation and better compliance. A common indication for PEG placement is the nutritional support to older patients who have lost their ability to eat due to cerebrovascular diseases. Usually PEG placement is safe, but complications may occur, such bleeding, peritonitis, bowel obstruction or perforation, and operative wound infection. The procedure-related mortality is around 0.5% to 2%. Indicating the procedure to a patient who is in bad condition and may die shortly is a bad decision. Therefore, it is critical to improve PEG indication avoiding ineffective and futile indication. This manuscript approaches the timing of PEG placement using 7 days cut off. It describes the background, the significance of the study, identifying the gap in the knowledge. The authors describe the Methods and Results clearly. The tables and diagrams are appropriate, and the statistical approach is adequate. I have my comments listed below.

Minor comments

- **Abstract.** In the section Results of the Abstract, the authors use the expression “statistically insignificant”. Insignificant usually implies unimportance, without statistical connotations.
- **Keywords.** I did not find the keywords in this manuscript.
- **Study Design.** In the first paragraph, last sentence the authors stated that “Exclusion criteria included PEG tubes placed for indication others than an acute stroke”... They should be more precise and state that they excluded patients having PEG placement for other reasons than dysphagia after an acute stroke.

Major comments

- **Discussion Section.** The Discussion Section must



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be rewritten according to the following recommendations: The Discussion section is rambling and do not follow a logic sequence. Three points about the beginning of the Discussion are worth emphasizing. First, because the other sections (Methods and Results) separate Introduction and Discussion, it is good to provide in the Discussion an introductory sentence that restates the research question or the purpose of the study. Second, the restatement at the beginning of the Discussion must match the statement of purpose in the Introduction. Third, it is important to answer the question as it was asked in the Introduction, with the same words and key terms. After answering a specific question with a specific answer, the authors need to describe how the results support the answer, how the existing literature endorses the results and how the results agree or disagree with the work of others. It is important to describe the contribution that the study makes to the field and how the findings can be applied. It is also crucial the authors identify limitations in the study. In my standpoint one important limitation of this study is the retrospective design. It is easy looking back to define the 7-days cut off. Besides recognize this limitation the authors should propose an alternative justification (or how to operationalize it) for the 7-days cut off in a prospective study or in the daily medical practice. Another point to consider in the discussion is the recognition of confounding bias. The mortality and the hospital length of stay they found in their study was not directly related to PEG placement complications. It was probably related to the previous health state of the patients and their comorbidities. They should be careful in their conclusions, tacking in account those issues.