

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 80823

Title: Clinical-radiomics nomogram for predicting esophagogastric variceal bleeding risk noninvasively in patients with cirrhosis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06409430

Position: Peer Reviewer

Academic degree: PhD

Professional title: Associate Professor, Attending Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2022-10-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-28 08:37

Reviewer performed review: 2022-11-08 17:59

Review time: 11 Days and 9 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 Grade E: Do not publish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 type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous
	Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No

SPECIFIC COMMENTS TO AUTHORS

The current study extracted CT radiomics features and identified clinical predictors to develop and validate a promising combined nomogram for predicting risk of esophagogastric variceal bleeding in patients with cirrhosis. The current report is a promising contribution to the management of patient with cirrhosis in terms of novel varices prediction. Concerns: - The authors failed to have a native English speaker revise and finalize the entire manuscript! The authors must have a native English speaker revise and finalize the "entire" manuscript sentence by sentence again to improve the accuracy, clarity, conciseness and style of the text and title! Thank you. Several examples of the inappropriate statements requiring revision are as follows: - Title: "Esophagogastric varices bleeding" ? - Abstract section & Core tip: "However, there are no standardized non-invasive predictive models available in clinical practice. " is not fully accurately addressed. We hepatologists are aware of Baveno criteriae, etc. "gastroscopy"? -Materials and Methods:: "Endoscope"? "It was considered strong reproducibility and dependability when the ICC values exceeded 0.75, which was included in subsequent studies."? more... - Numerous errors can be spotted by a person speaking ESL throughout the entire manuscript; e.g., Core tip: "can personalized management"? Materials and Methods: "patients lack of complete clinical or imaging data" more...

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Reviewer's code: 03765308

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Doctor, Professor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2022-10-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-09 11:40

Reviewer performed review: 2022-11-13 14:11

Review time: 4 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

SPECIFIC COMMENTS TO AUTHORS

This is a retrospective study that included 211 patients diagnosed with esophageal varices by endoscopy and liver cirrhosis by image or biopsy. Among them, 88 patients with variceal bleeding. The series were divided into learning and variation cohorts for prediction of bleeding by clinical and CT features. They found that albumin, fibrinogen, portal vein thrombosis, AST and spleen thickness were independent predictors of variceal bleeding. In addition, CT radiomics features at liver and spleen hilum levels were extracted by machine learning to develop RadScore. The clinical-Radiomic model gives AUROC over 0.91 in both training and validation cohorts. Comments: 1. Abstract should be reduced to <350 words. 2. How many patients were diagnosed with liver cirrhosis and varices between 2017 and 2021? 3. Please give the numbers of patients received liver histology study. For the rest of patients, please describe how cirrhosis is diagnosed by image. The variceal bleeding seems to be based on endoscopic findings. How to handle patients with recent history of bleeding but without endoscopic evidence of bleeding at time of study? 4. This is a retrospective study. What were the indications for endoscopic and CT scan studies? 5. Cirrhosis may be well compensated or decompensated. Please give the Child Pugh classification data in Table 1. 6. How were portal vein thrombosis, AV shunting, spleen upper and lower pole diameter, spleen thickness, spleen diameter in Table 1 be diagnosed or measured? 7. The bar chart in the Figures is too small to be seen clearly. 8. RadScore was based on CT features, 5 from liver and 3 from spleen. Please give a description of these features. 9. In Table 1, most of the patients were HBV related cirrhosis. Why was there a female predominant? 10. Please give a



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7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

missing data percentage in each parameter of Table 1. 11. Platelet counts were higher and total bilirubin levels were lower in the bleeding group. Please discuss these findings by matching with Child Pugh classification. 12. In Figure 4, there are 5 types of line in the figure, but only 3 line-marks were seen. 13. Is it possible to compare RadScore with elastography in some cases?

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05394499

Position: Peer Reviewer

Academic degree: PhD

Professional title: Doctor

Reviewer's Country/Territory: Germany

Author's Country/Territory: China

Manuscript submission date: 2022-10-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-09 03:39

Reviewer performed review: 2022-11-14 18:08

Review time: 5 Days and 14 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input 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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, I have carefully revised your well-written manuscript and your subject may have important clinical implications in the field of liver cirrhosis. Please find below my comments and questions pertaining to your submitted manuscript: 1. You developed a clinical-radiomics nomogram for the prediction of esophagogastric variceal bleeding in patients with liver cirrhosis. Have you selected patients with a stable liver cirrhosis or participants who underwent a hospital admission due to an acute liver cirrhosis decompensation? 2. If your participants suffered an acute liver cirrhosis decompensation, please mention the trigger factor. Was it a bleeding episode or an infection etc.? 3. Was your model able to predict a variceal bleeding in esophagogastric junction or also bleeding coming from gastric fundus varices? 4. You included patients who have received a triple-phase enhanced CT scan within a week after endoscopy but excluded patients who underwent an endoscopic therapy of the esophageal varices. Your participants were bleeding or non-actively bleeding, according to Figure 1 (flow-chart study population). Your reading audience comes, therefore, to the conclusion that actively bleeding patients did not receive any endoscopic intervention and after a week underwent a CT-scan control. Please explain this crucial point. 5.

Please start the following paragraph as such: "The Baveno VII consensus workshop"

Best Regards

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastroenterology*

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Reviewer's code: 05394499

Position: Peer Reviewer

Academic degree: PhD

Professional title: Doctor

Reviewer's Country/Territory: Germany

Author's Country/Territory: China

Manuscript submission date: 2022-10-14

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2022-12-14 01:57

Reviewer performed review: 2022-12-14 02:34

Review time: 1 Hour

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 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, thank you for providing comprehensive and convincing answers to my questions and queries and accordingly revised your manuscript. Best Regards

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Manuscript submission date: 2022-10-14

Reviewer chosen by: Geng-Long Liu

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Reviewer performed review: 2022-12-15 15:40

Review time: 1 Day

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
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a highly selected retrospective study. Only a small portion of cirrhotic patients with complete data were included. Most patients were Child B and associated with ascites. It is possible that the AUROC may decrease if Child A patients increase.