

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 86144

Title: Changing trends and characteristics of peptic ulcer disease: A multicenter study from 2010 to 2019 in Korea

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03262127

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Surgeon

Reviewer's Country/Territory: Russia

Author's Country/Territory: South Korea

Manuscript submission date: 2023-06-05

Reviewer chosen by: Geng-Long Liu (Quit 2023)

Reviewer accepted review: 2023-07-12 12:15

Reviewer performed review: 2023-07-23 07:07

Review time: 10 Days and 18 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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

These two authors contributed equally to this work and should be considered co-first authors (Authorship) - Designation of co-first authors and co-corresponding authors is not permitted (please see Guidelines for Manuscript Preparation and Submission). H. pylori infection rate was 34.37% (Discussion) - please use 34,4% PUB (Page 13, used twice) - PUD is right. CDM (Page 15) - please use this term in full. Refs 23 and 35 - please use abbreviated Titles (as in PubMed) Cirrhosis of liver (Tables 2 and 3) - liver cirrhosis is a more common term. The article as a whole is well written, and significant results were obtained in this study. However, I cannot understand in any way why the authors included tracheostomy as a risk factor for peptic ulcer disease in the analysis? Why not a cholecystectomy or appendectomy? This decision looks extremely illogical and unnatural. It seems to me that it is better to remove this information from the tables altogether, or at least to justify its inclusion more carefully.

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Reviewer's code: 02445547

Position: Associate Editor

Academic degree: DNB, FEBS, FICS, FRCS (Gen Surg), MBBS, MNAMS

Professional title: Associate Professor, Director, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Singapore

Author's Country/Territory: South Korea

Manuscript submission date: 2023-06-05

Reviewer chosen by: Geng-Long Liu (Quit 2023)

Reviewer accepted review: 2023-08-15 12:17

Reviewer performed review: 2023-08-15 13:33

Review time: 1 Hour

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Dear Authors I read with interest the paper showing trends of PUD from an Asian country. The concept of studying trends is interesting and I agree that lessons can be learned by such epidemiologic observations and data trends are an under reported by medical fraternity. Thus, this study is not only of clinical but also of epidemiologic and scholarly interest. I am in active clinical practice as a general and acute surgeon and my comments or critics will likely give the flavor of my views and opinions about PUD and while they in general are given with intent to improve the manuscript, its scientific outlook, and reader friendliness on the topic, please feel free to ignore my comments if authors deem them too incisive with logical explanations in the response letter. I have put my comments in Major, Intermediate and Minor categories for clarity of communication. Major comments: 1. You classified PUD as 3 categories - hpylori, drug and idiopathic. What about smoking-related? (PMID: 28138363). Even if we exclude rare aetiology like ZE syndrome, MEN1 syndrome, Hypercalcemia from parathyroid issues, etc but smoking cannot and should not be ignored from causation/aetiology. Either put this as a limitation or if possible supply the data and tabulate it. 2. In abstract and

introduction section you state that there are not many reports on PUD trends. Than in discussion you report "several studies have reported trends". I find this puzzling, conflicting and a problem that should be addressed. Intermediate comments: 1. In the introduction section I see citations 2-12 commenting on something that is actually common public knowledge i.e. h pylori related PUD is reducing and old age and medication-induced PPU is increasing. I suggest retaining about 2-3 citations and not so many citations to only endorse a theme that is widely observed and agreed upon. So many citations are unnecessary. 2. 12.7% of PUD patients are on steroids. This, considering a report from Asia, is essentially too high. I have reported <1% steroid use even in perforated peptic ulcer population. Some explanation is warranted for this substantial high number of steroids. Is this a coding problem? 3. Without data on smoking - i can postulate that alcoholics are more likely to be smokers also and thus develop PUD. So the association of chronic liver disease in alcoholic patients is not true association as smoking status is unreported. (We all agree that this is for sure not a causation). 4. In the discussion segment it is not sufficient to mention that H Pylori-related PUD reported by others was lower due to flaws in their diagnostic test selection/reporting etc. More meaningful is to report and comment about how H Pylori is a public health concern, how public knowledge and awareness is improved or lacking (PMID: 33656211), how the utility of technology has enabled H Pylori eradication initiatives (PMID: 35363943) and what it means for your study results to have >40% Hpylori aetiology. Minor comments: 1. In the abstract you mention no trends reported and, in the introduction, you mention no trends reported from "Asia". I invite you to please perform a quick and fairly detailed check and confirm if non-Asians also have not reported trends and if so omit the "Asia" and be bold and report that "no trends are reported" (internationally nobody has reported). But pls check first. 2. Introduction is too short and does not do justice to your manuscript. Pls enhance why studying trends



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are not only important but essential in epidemiology and how your study bridge the knowledge gaps. For example, can add on NOACs or newer NSAIDs and Hpylori eradication, increase in endoscopy access and affordability etc or other relevant trends that are either reported or in common knowledge. 3. I am unclear why tracheostomy patients have a separate and special mention in PUD report. Why have you reported this operation - is there an association between tracheostomy and PUD? If so, what about whipples or bariatric procedures that cause risk of marginal ulcers or burns causing Curlings ulcer etc. Please only report what is relevant and not just because your database contains or you can retrieve such variables. 4. In the discussion segment about drug induced PUD, i suggest to include more points from the 2020 GUTLIVER guidelines paper PMID: 33191311 to enhance the discussion on this theme and how it relates to your data/results. 5. The subgroup analysis table 3 most of the data is not matched to 100% and i dont think this is due to error but this is due to reporting not being clear. Pls revise the table to tell readers so data interpretation is easy 6. There has to be a mention than old age defined as 65 is only one way and many people consider 70 yrs or 75 years as old age.

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Peer-review model: Single blind

Reviewer's code: 00189256

Position: Editorial Board

Academic degree: MD, MDS, PhD

Professional title: Professor

Reviewer's Country/Territory: Ukraine

Author's Country/Territory: South Korea

Manuscript submission date: 2023-06-05

Reviewer chosen by: Geng-Long Liu (Quit 2023)

Reviewer accepted review: 2023-08-15 10:10

Reviewer performed review: 2023-08-22 16:37

Review time: 7 Days and 6 Hours

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No novelty
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Scientific significance of the conclusion in this manuscript	[Y] Grade A: Excellent [] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous
	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In the last two decades, special attention of gastroenterologists has been focused on the problem of gastroesophageal reflux disease. At the same time, the number of studies and publications on the problem of epidemiology, etiology, features of the clinical course and treatment of peptic ulcers has significantly decreased. The authors studied the peculiarities of the course of peptic ulcer disease in the Korean population, depending on the etiology and age aspects. The data of 26 785 patients from 7 hospital bases in the period from 2010 to 2019 were analyzed. It should be noted the correct distribution of patients into three groups depending on the etiological factor. Important scientific and practical data on peptic ulcer caused by drug-induced factors were obtained. The article is illustrated with figures and tables, which significantly improves the perception of the material. The authors outline the prospects for further research into the relationship between idiopathic ulcer and chronic liver diseases.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Professional title: Associate Professor, Director, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Singapore

Author's Country/Territory: South Korea

Manuscript submission date: 2023-06-05

Reviewer chosen by: Jing-Jie Wang

Reviewer accepted review: 2023-10-05 13:39

Reviewer performed review: 2023-10-05 13:49

Review time: 1 Hour

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
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

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