

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 91655

**Title:** Advancements in Hemostatic Strategies for Managing Upper Gastrointestinal Bleeding: A Comprehensive Review

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06125275

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor, Research Assistant Professor

**Reviewer's Country/Territory:** Algeria

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2024-01-01

**Reviewer chosen by:** Meng-Liu Luo

**Reviewer accepted review:** 2024-01-23 10:24

**Reviewer performed review:** 2024-01-23 12:08

**Review time:** 1 Hour

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 Grade E: Do not publish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 type="radio"/> Grade A: Excellent <input checked="" type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No novelty
Creativity or innovation 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 creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

Can you illustrate your editorial about management of gastro-intestinal bleeding by an iconography illustrating the different probes and devices described (OTSCs, , EC and TC-325). Can you enrich your article with more recent references? (The more recent is from 2015).

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**Peer-review model:** Single blind

**Reviewer's code:** 05382551

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Spain

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2024-01-01

**Reviewer chosen by:** Meng-Liu Luo

**Reviewer accepted review:** 2024-01-23 14:27

**Reviewer performed review:** 2024-01-23 14:34

**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
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<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

The paper provides a detailed and exhaustive overview of the management of upper gastrointestinal (UGI) hemorrhages and the various strategies used in clinical practice. Overall, the paper is well-written and structured, presenting relevant and up-to-date information in the field. Here are some positive aspects: 1) Clarity and Structure: The paper follows a logical structure, first presenting the importance of the problem, followed by management strategies and innovations in technologies. This facilitates reader comprehension. 2) References: Bibliographic references are provided to support the presented claims and data, which is essential in a scientific context. 3) Content Breadth: It covers a wide range of therapeutic approaches, from medical strategies to endoscopic and surgical interventions, providing a comprehensive view of the topic. However, there are some areas that could be improved: 1) Style and Writing: While the paper is well-written, in some points, it may feel dense due to the amount of technical information. It would be beneficial to simplify some sentences to enhance accessibility and understanding, especially for non-specialist readers. 2) Concept Clarification: Some technical terms could benefit from a brief explanation for readers not familiar with

advanced medical terminology. This would improve overall text comprehension. 3) Emphasis on Conclusions or Key Points: Towards the end of the paper, it might be helpful to summarize or highlight key points, such as emerging trends, current challenges, and future directions in the research and treatment of upper gastrointestinal hemorrhages. In summary, the paper provides a well-referenced and detailed review of the management of upper gastrointestinal hemorrhages. Some improvements in clarity and structure could make the information more accessible to a broader audience

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**Peer-review model:** Single blind

**Reviewer's code:** 04696174

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Chief Physician

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2024-01-01

**Reviewer chosen by:** Meng-Liu Luo

**Reviewer accepted review:** 2024-01-23 14:17

**Reviewer performed review:** 2024-02-04 14:44

**Review time:** 12 Days

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
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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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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 article offered a thorough overview of the current approaches to managing upper gastrointestinal hemorrhage. It discussed a range of pharmacological, endoscopic, and angiographic therapies, as well as innovative methods like Hemospray and Endoclot, showcasing the multifaceted nature of treating GI hemorrhage. The article also mentioned advances in endoscopic techniques, such as over-the-scope clips (OTSCs) and the Gold probe, while underscoring the importance of assessing the combination of different methods for safety and efficacy. It's clear that advancements in endoscopic imaging techniques, such as the Olympus X1500 endoscope model with Rapid Diagnostic Imaging (RDI), were crucial for more precise and effective bleeding control. The need for ongoing research to establish standardized indications and methods for diagnosing and managing hemorrhages was clearly highlighted. In sum, this review provided a comprehensive understanding of the current landscape of hemostatic treatments for upper GI hemorrhage and underscored the need for continued research and development in this critical area. The article would be more informative if it included discussions about the specific scenarios in which each method is most effective.