



PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

Manuscript NO: 35378

Title: Do Not Resuscitate status as an independent risk factor for patients undergoing surgery for hip fracture

Reviewer's code: 03067188

Reviewer's country: Greece

Science editor: Jin-Xin Kong

Date sent for review: 2017-07-17

Date reviewed: 2017-08-01

Review time: 15 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting study about the role of DNR in the outcome of surgery for hip fracture. Authors concluded that DNR increases mortality without increasing morbidity. The manuscript is well-written, scientific methodology and statistical approach is sufficient, results are presented in a suitable fashion. The study is well-discussed and conclusions are clear. I believe it is suitable for publication.



PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

Manuscript NO: 35378

Title: Do Not Resuscitate status as an independent risk factor for patients undergoing surgery for hip fracture

Reviewer's code: 02698919

Reviewer's country: China

Science editor: Jin-Xin Kong

Date sent for review: 2017-07-14

Date reviewed: 2017-08-05

Review time: 22 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors aimed to examine post-operative mortality and morbidity in patients with DNR status undergoing hip fracture surgery determine and whether DNR status was independently associated with increased morbidity or whether DNR status purely decreased utilisation of CPR and reintubation, without affecting other postoperative outcomes. With univariable and multivariable regression analysis, the research found DNR status independently predicts overall rates of complications and mortality at 30 days without other clear sources of morbidity. However, patients with DNR status undergoing hip fracture surgery were more likely to be female, elderly, more comorbidity, such as diabetes, COPD, CHF, PVD, and dyspneic with moderate exertion or rest, ASA class III or IV, partially or totally dependent for activities of daily living or diagnosed with hypertension, prior stroke. So, the patient's physical status and



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comorbidity maybe independently associated with increased morbidity and mortality in elderly hip fracture patient.



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PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

Manuscript NO: 35378

Title: Do Not Resuscitate status as an independent risk factor for patients undergoing surgery for hip fracture

Reviewer's code: 02444795

Reviewer's country: United Kingdom

Science editor: Jin-Xin Kong

Date sent for review: 2017-08-17

Date reviewed: 2017-08-20

Review time: 3 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Please add in more detail on why DNR listed patients still undergo hip surgery i.e. what are the risks of not operating. Is the data available able to differentiate between individuals who had cemented hemiarthroplasty or THA versus those with uncemented implants or fixation. cannulated screws are much less invasive than dynamic hip screw fixation which is less invasive than hemi or total arthroplasty and the use of cement is well known to cause cardiopulmonary events in this patient group. Please address these points if possible in the results section and if not comment on this a major drawback of this study.