



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 49741

Title: Endoscopic treatment modalities and outcomes in nonvariceal upper gastrointestinal bleeding

Reviewer's code: 02989927

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Associate Research Scientist, Doctor, Research Associate, Senior Scientist

Reviewer's country: Brazil

Author's country: Singapore

Reviewer chosen by: Ying Dou

Reviewer accepted review: 2019-06-23 18:52

Reviewer performed review: 2019-06-23 19:52

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

49741 Endoscopic treatment modalities and outcomes in non-variceal upper gastrointestinal bleeding, by Yip et al., 2019. This is a retrospective analysis of 501 patients with NVUGIB in a Singapore general hospital from 2014 to 2015. The study aimed to investigate the effect of 1) volume of adrenaline injected; 2) number of hemoclips placed; 3) combination therapy with more than 2 endoscopic treatment modalities on clinical outcomes. Primary outcomes were re-bleeding and need for repeat endoscopy. Secondary outcomes were need for surgery, transfusion requirement, length of hospital stay, death during the same admission and 30-day mortality. Regression analysis was the main analytical strategy. The authors concluded that more restrictive use of adrenaline and number of endoscopic modalities to treat NVUGIB with a more liberal use of hemoclips was associated with better patient outcomes. The topic is interesting and further investigated GI bleeding in relation with endoscopic treatment. The article is well written and organized in comprehensive sections. Although the manuscript is shorter than expected, the Figures 2-5 are very illuminating. Find below additional comments on the paper: (1) Introduction is too brief. You may want to expand the rationale and the gap of the literature with a sound hypothesis; (2) Because this is a single hospital study, I suggest to describe the characteristics of the patients referred or seeking treatment. Otherwise, Berkson's bias may operate without scrutiny; (3) Don't repeat your results in Discussion. Instead of this, you should convince readership about the validity of your study, by comparing with similar studies. Sources of error and bias should be extensively discussed as limitations. Recommend careful checking and rewriting of this section; (4) Likewise, don't reiterate your main findings in Conclusions. Please leave a learned lesson or a take-home message for the readership.



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Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 49741

Title: Endoscopic treatment modalities and outcomes in nonvariceal upper gastrointestinal bleeding

Reviewer's code: 00009064

Position: Editorial Board

Academic degree: FRCP (Hon), MD, PhD

Professional title: Doctor, Professor

Reviewer's country: India

Author's country: Singapore

Reviewer chosen by: Ying Dou

Reviewer accepted review: 2019-06-23 14:18

Reviewer performed review: 2019-06-29 17:51

Review time: 6 Days and 3 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



That is an informative collection of data pertaining to real life endoscopic treatment of NVUGIB. The results are also in line with what is expected. Adrenaline injection followed by another topical homeostatic treatment of the bleeding site is presently the accepted endoscopic therapy. The amount of adrenaline injection required as well as the choice of complimentary therapy - clips, hemostatic spray or APC depends on the nature and severity of bleeding. If <10 ml of injection controls the bleeding, the lesion is likely to be smaller and /or associated with lesser bleed than those requiring larger amounts of adrenaline injection. The latter are also bound to have more local complications and rebleeding. So, no surprises there. The choice of complimentary therapy would differ in those with a clear bleeding point or a spurter vs those with a diffuse bleeding. Similarly, the number of clips required would depend on the number of bleeding points and whether 1-2 or 4-5 clips are required for achieving hemostasis. The message should therefore be to use any number of clips that are required to fully control the bleeding. And use the minimum quantity of adrenaline that is required for achieving initial hemostates. These points need to be elaborated in the 'Discussion' section.

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