



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 58290

**Title:** Safety of Gastrointestinal Endoscopy in Patients with Acute Coronary Syndrome and Concomitant Gastrointestinal Bleeding

**Reviewer's code:** 02739495

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Professor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2020-07-24

**Reviewer chosen by:** Jia-Ping Yan

**Reviewer accepted review:** 2020-08-26 06:49

**Reviewer performed review:** 2020-08-26 07:07

**Review time:** 1 Hour

<b>Scientific quality</b>	<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 Grade E: Do not publish
<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 checked="" type="checkbox"/> Accept (General priority) <input 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



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#### **SPECIFIC COMMENTS TO AUTHORS**

Well designed with a fluent style, I recommend it to be published in this journal.



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 58290

**Title:** Safety of Gastrointestinal Endoscopy in Patients with Acute Coronary Syndrome and Concomitant Gastrointestinal Bleeding

**Reviewer's code:** 00504019

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Professor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2020-07-24

**Reviewer chosen by:** Jia-Ping Yan

**Reviewer accepted review:** 2020-08-26 02:37

**Reviewer performed review:** 2020-08-27 02:28

**Review time:** 23 Hours

<b>Scientific quality</b>	<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
<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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" 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



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#### **SPECIFIC COMMENTS TO AUTHORS**

In your large retrospective analysis you found that over a 10 year period, 0.75% of patients admitted with ACS developed significant gastrointestinal bleeding. Undergoing GI endoscopy (GIE) in the patients during the same hospitalization was not only safe but was also associated with lower mortality and shorter length of stay. The study confirms GI endoscopy can be safely performed in the majority of patients with ACS and concomitant GI bleeding. Your results is very valuable in its field. As you mentioned in the manuscript that the analysis highlights the need for future prospective controlled studies to determine the optimal time for intervention in patients with concomitant ACS and GI bleeding and whether different modalities of endoscopy are equally safe, it is hoped that you will continue to do some more meaningful research in this field.



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 58290

**Title:** Safety of Gastrointestinal Endoscopy in Patients with Acute Coronary Syndrome and Concomitant Gastrointestinal Bleeding

**Reviewer's code:** 02462179

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Professor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2020-07-24

**Reviewer chosen by:** Jia-Ping Yan

**Reviewer accepted review:** 2020-08-26 14:40

**Reviewer performed review:** 2020-08-29 07:30

**Review time:** 2 Days and 16 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<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 type="checkbox"/> Yes <input checked="" 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



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#### **SPECIFIC COMMENTS TO AUTHORS**

In this study, the authors assessed the safety and the outcomes of performing GI endoscopy (GIE) in patients with ACS and concomitant GI bleeding using the Nationwide Inpatient Sample database. They concluded that approximately two-thirds of patients with ACS and concomitant GI bleeding underwent GIE. Performing GIE was associated with lower mortality and a shorter length of stay. Overall, this manuscript is well written. However, there are several problems that should be considered. 1. The validation of the findings in another cohort might be needed. 2. More articles in the latest five years should be cited as references.



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 58290

**Title:** Safety of Gastrointestinal Endoscopy in Patients with Acute Coronary Syndrome and Concomitant Gastrointestinal Bleeding

**Reviewer's code:** 02544727

**Position:** Peer Reviewer

**Academic degree:** MD, MSc, PhD

**Professional title:** Professor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2020-07-24

**Reviewer chosen by:** Jia-Ping Yan

**Reviewer accepted review:** 2020-08-27 06:21

**Reviewer performed review:** 2020-09-02 07:16

**Review time:** 6 Days

<b>Scientific quality</b>	<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
<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 type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" 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



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#### **SPECIFIC COMMENTS TO AUTHORS**

This is a retrospective study, utilizing a nationwide database, containing a large number of patients with acute coronary syndrome and gastrointestinal bleeding occurring during the same admission. The main finding of this study is that performing GI endoscopy in these patients is associated with both lower mortality and a shorter length of hospital stay compared to those who did not undergo GI endoscopy. The study has several limitations as outlined by the authors in the manuscript. Critical information is lacking to help the correct interpretation of the findings. For example, it is not clear why 32% of patients did not undergo GI endoscopy. Were they at increased risk for performing an endoscopic procedure? The type of endoscopy, the anatomical site, the source and the cause of bleeding are not evident. In addition, there is no information on any therapeutic endoscopic interventions. This information is crucial as it might explain the main findings of lower mortality and shorter hospital stay among patients undergoing GI endoscopy compared to those who did not.



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 58290

**Title:** Safety of Gastrointestinal Endoscopy in Patients with Acute Coronary Syndrome and Concomitant Gastrointestinal Bleeding

**Reviewer's code:** 02539179

**Position:** Peer Reviewer

**Academic degree:** PhD, MD

**Professional title:** Chief physician, Professor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2020-07-24

**Reviewer chosen by:** Jia-Ping Yan

**Reviewer accepted review:** 2020-08-25 10:58

**Reviewer performed review:** 2020-09-07 15:27

**Review time:** 13 Days and 4 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<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



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#### **SPECIFIC COMMENTS TO AUTHORS**

This study analyzed the safety and outcomes of GI endoscopy in patients with ACS and GI bleeding. It was concluded that performing GI endoscopy in patients with ACS and GI bleeding is both safe and associated with lower mortality. A shorter length of stay was observed in patients who underwent GI endoscopy. Major criticisms 1. The is not a randomized study, the reasons why endoscopies were performed or not performed in these patients were unknown. The reasons why patients underwent endoscopies had better outcomes were not analyzed and discussed. Whether these patients received special treatments under endoscopies were not introduced. 2. The drugs that these two groups of patients used, especially anti-platelet drugs and anti-coagulants, were not shown.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 58290

**Title:** Safety of Gastrointestinal Endoscopy in Patients with Acute Coronary Syndrome and Concomitant Gastrointestinal Bleeding

**Reviewer's code:** 02544727

**Position:** Peer Reviewer

**Academic degree:** MD, MSc, PhD

**Professional title:** Professor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2020-07-24

**Reviewer chosen by:** Han Zhang (Part-Time Editor)

**Reviewer accepted review:** 2020-10-08 12:09

**Reviewer performed review:** 2020-10-08 18:28

**Review time:** 6 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<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



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In the revised manuscript, the authors responded reasonable to the points raised by the reviewers. 1) I understand the limitations of this study which are inherent to its nature and the impossibility to provide detailed information and explanation for the findings. In the primary question set by the authors, whether performance of GI endoscopy in patients with acute coronary syndrome and GI hemorrhage is safe their answer is yes. I am a little bit concern regarding the message conveyed to the readers. In my opinion the limitations of the study and the influence of other factors should be stretched more in the discussion. In this context, in the statistics it should be clear that multivariate analysis included only statistically significant factors detected by univariate analysis. The multivariate analysis paragraph in the results section should be extended and include the impact and significance of other factors as well. A short comment on this topic should be also included in the discussion especially when their HR is higher than that of GIE (see presence of shock and mechanical ventilation). The sentence "One of the challenges in this study ... an endoscopic procedure performed" should be further commented. The sentence "A temporal relationship .... not be evaluated in this database" in the discussion is not clear and should be detailed (see Table 1, proportion of patients in shock or under mechanical ventilation). 2) Table 1. Please correct "2 groups regarding undergoing" in the head and "Patients underwent endoscopy" in the heading of the second column. Not all variables are shown as n(%), there are also variables shown as mean±SD (please clarify in the footnote). 3) Tables 2 and 3. I wonder if these tables present uni- or multi-variate analysis. It is hard to believe that all these variables were significant independent determinants of mortality or LOS. If these are the results of multivariate analysis then only statistically significant independent prognostic factors should be given and the results of univariate analysis should be mentioned in the results section of the manuscript. As seen in the tables, GIE has the lowest OR with mechanical ventilation and presence of shock being the strongest predictors for both mortality and



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LOS (see comments above). Please use uniform headings (predictors - factors, OR 95%CI - Beta Weight, 95% CI for LOS, Female - Sex (Female)) and remove "Label" from Table 3. Other points needing clarification; age as a continuous variable or with a cut-off set at some age point, female vs male, Caucasian vs not Caucasian, and all other variables as present vs absent? 4) Please give abbreviations in full when first mentioned (see EGD and GIE in the Abstract, GIB and EGD in the Introduction).