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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 67488

Title: Role of international normalized ratio in nonpulmonary sepsis screening: An observational study

Reviewer's code: 03700188
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Assistant Professor, Attending Doctor
Reviewer's Country/Territory: Brazil
Author's Country/Territory: China

Manuscript submission date: 2021-04-26
Reviewer chosen by: AI Technique
Reviewer accepted review: 2021-04-27 16:49
Reviewer performed review: 2021-04-28 01:30
Review time: 8 Hours

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

This paper showed that doctors can use INR not only for prognosis but also as a diagnostic data. As INR is simple and accessible it could help to start treatment early in the course of the sepsis and so, improve the prognosis.

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 67488

Title: Role of international normalized ratio in nonpulmonary sepsis screening: An observational study

Reviewer's code: 05420387
Position: Peer Reviewer
Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-04-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-28 15:49

Reviewer performed review: 2021-05-07 07:57

Review time: 8 Days and 16 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

I thank the Editor to be given the opportunity to revise this interesting paper. Sepsis identification is a great challenge, and nowel (or new methods) for fast diagnosis are welcome. The authors evaluate the accuracy of INR determination to identify septic patients. The reported results are very interesting, however I have some concerns about selection of patients. - Authors do not precise if consecutive patients were enrolled. I see that about half of patients were septic according to sepsis-3 criteria, and this is a pretty high number, that could be justified just in Intensive Care Units. As authors well known, the accuracy of a selected test depends greatly from pre-test probability, that is very high in this cohort. Actually in non ICU setting the situation is pretty different, and just a minor percentage of patients result to be septic according to Sepsis 3 criteria. Authors should better elaborate this point. - Moreover, since many patients do have underlying conditions that affect INR evaluation, many patients could not be evaluated. Authors should better discuss this point and evaluate the overall effect of these exclusion criteria on overall accuracy of INR determination. - Authors report the overall AUC of INR for sepsis diagnosis. This gives a measure of "Calibration" value. Do they explore in any way the "discrimination" value? in other words, do patients with higher INR have increased risk of sepsis? Is it possible to determine a kind of low-medium-high risk of sepsis according to INR?