

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 69033

Title: Prophylactic transcatheter arterial embolization reduces rebleeding in non-variceal upper gastrointestinal bleeding: a systematic review and meta-analysis

Reviewer's code: 05430684

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Greece

Author's Country/Territory: Hungary

Manuscript submission date: 2021-06-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-16 13:10

Reviewer performed review: 2021-06-16 19:49

Review time: 6 Hours

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 Grade E: Do not publish
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

I have studied with great interest the manuscript entitled "Prophylactic transcatheter arterial embolization reduces rebleeding in non-variceal upper gastrointestinal bleeding: a systematic review and meta-analysis" by Boros et al. The manuscript is carefully prepared. The methodology is accurate and the statistical analysis is well performed. The work deserves publication, even in its present form. However, permit me to raise some queries before considering publication: 1) Is this meta-analysis registered in PROSPERO database? If yes, the authors are wellcome to add this information in the text. 2) Authors are kindly requested to further clarify the sentence "Two studies[23, 24] were excluded from the quantitative synthesis due to major differences in intervention or outcome compared to other included articles." included in the first paragraph of the "Results" section. 3) In the case of work of Sildiroglu et al. [31], did the authors attempt to have a personal communication in order to further investigate the seemingly contradictory result? If yes, this should be stated at the "Methods" section. If no, the authors could comment on their decision to avoid this useful practice. 4) Given that over 10 studies were included in quantitative analysis, the authors could have performed a meta-regression using e.g. age, gender (especially by the means of percentage of male/female patients), and sample size as independent variables. In case that a revised version of the manuscript will be available in the future, I would be highly interested to re-review it.

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Name of journal: World Journal of Gastroenterology

Manuscript NO: 69033

Title: Prophylactic transcatheter arterial embolization reduces rebleeding in non-variceal upper gastrointestinal bleeding: a systematic review and meta-analysis

Reviewer's code: 05935310

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Chief Doctor, Director

Reviewer's Country/Territory: China

Author's Country/Territory: Hungary

Manuscript submission date: 2021-06-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-16 12:04

Reviewer performed review: 2021-06-20 13:26

Review time: 4 Days and 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
Language quality	<input checked="" type="radio"/> Grade A: Priority publishing <input type="radio"/> Grade B: Minor language polishing <input type="radio"/> Grade C: A great deal of language polishing <input type="radio"/> Grade D: Rejection
Conclusion	<input checked="" type="radio"/> Accept (High priority) <input type="radio"/> Accept (General priority) <input type="radio"/> Minor revision <input type="radio"/> Major revision <input type="radio"/> Rejection
Re-review	<input type="radio"/> Yes <input checked="" type="radio"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="radio"/> Anonymous <input type="radio"/> Onymous Conflicts-of-Interest: <input type="radio"/> Yes <input checked="" type="radio"/> No

SPECIFIC COMMENTS TO AUTHORS

This article is clinically significant.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 69033

Title: Prophylactic transcatheter arterial embolization reduces rebleeding in non-variceal upper gastrointestinal bleeding: a systematic review and meta-analysis

Reviewer's code: 05419473

Position: Peer Reviewer

Academic degree: MD

Professional title: Postdoctoral Fellow

Reviewer's Country/Territory: United States

Author's Country/Territory: Hungary

Manuscript submission date: 2021-06-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-17 01:31

Reviewer performed review: 2021-06-20 21:25

Review time: 3 Days and 19 Hours

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
Language quality	<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
Conclusion	<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
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	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 authors of the manuscript entitled: "Prophylactic transcatheter arterial embolization reduces rebleeding in non-variceal upper gastrointestinal bleeding: a systematic review and meta-analysis" have made very good job with this meta-analysis both regarding medical context but also methodologically. The manuscript is very well-written, and the methodology and biostatistics are carefully carried out. I only have some minor points that I believe should be addressed to further improve this work: 1. The authors have followed the PRISMA 2009 statement. However, since last year the guidelines were updated, I think it is crucial that they use the PRISMA 2020 statement and update their checklist and flow diagram. 2. Regarding reference 18, they should better cite the updated Cochrane Handbook: "Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, Welch VA (editors). Cochrane Handbook for Systematic Reviews of Interventions version 6.2 (updated February 2021). Cochrane, 2021. Available from www.training.cochrane.org/handbook." 3. I appreciate the fact that the authors report the OR and 95%CI along with I² and its p-value for each meta-analysis. However, they could consider to report the p-value for the OR as well, just to avoid readers with minimal experience in meta-analysis confusion the p-value of I² with the p-value of the OR. 4. The following statement is inaccurate: "For this comparison, publication bias assessment by visual inspection of a Funnel-plot did not detect a small-study effect (Supplementary Figure 1)." The egger test in Supplementary Figure 1 is <0.1, and therefore there is indeed a likelihood for publication bias. The authors should rephrase their sentence to reflect that. Please use funnel plots and egger test throughout when n>10 studies. 5. Avoid use of language pertaining to "tendency", for example: "In parallel, three publications [10-12] reported the length of ICU stay, and we found a tendency for shorter ICU stay favouring PTAE, however the difference was



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non-significant [WMD = -1.33 days, CI: (-2.84)-0.18; I² = 84.8%, p = 0.001] (Supplementary Figure 8).” 6. Is there any chance of population overlap between refs 23 and 26? 7. Have the authors considered performing meta-regression according to potential confounders? (ie, receipt of other concurrent treatments?)

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Name of journal: World Journal of Gastroenterology

Manuscript NO: 69033

Title: Prophylactic transcatheter arterial embolization reduces rebleeding in non-variceal upper gastrointestinal bleeding: a systematic review and meta-analysis

Reviewer's code: 03727739

Position: Peer Reviewer

Academic degree: MD

Professional title: Attending Doctor, Doctor, Research Assistant, Teacher

Reviewer's Country/Territory: China

Author's Country/Territory: Hungary

Manuscript submission date: 2021-06-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-16 11:51

Reviewer performed review: 2021-06-27 02:50

Review time: 10 Days and 14 Hours

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
Language quality	<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
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SPECIFIC COMMENTS TO AUTHORS

This is a well-design and well-written paper summarizing the advantages and safety for transcatheter arterial embolization in non-variceal upper gastrointestinal bleeding. All parts are almost rigorous and the conclusion are sound. With respect. Maybe the only concern, not affecting reviewer's evaluation on this manuscript yet, is the indexes for clinical outcomes. Giving a subgroup analysis for rebleeding, mortality, reintervention, need for surgery and transfusion, length of hospital (LOH) and intensive care unit (ICU) stay one by one will be more helpful for decision of bleeding intervening timely.