



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 79330

**Title:** Development of prediction model for enteral feeding intolerance in intensive care unit patients: a prospective cohort study

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 00502802

**Position:** Peer Reviewer

**Academic degree:** DNB, FCCP, MBBS

**Professional title:** Director, Doctor

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

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

**Manuscript submission date:** 2022-08-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-27 07:58

**Reviewer performed review:** 2022-08-29 08:40

**Review time:** 2 Days

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| <b>Scientific quality</b> | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input checked="" 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 Grade E: Do not publish            |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<br><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)<br><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   |



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| <b>Peer-reviewer<br/>statements</b> | Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous<br>Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No |
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### **SPECIFIC COMMENTS TO AUTHORS**

I read with great interest the manuscript entitled “Development of prediction model for enteral feeding intolerance in intensive care unit patients: a prospective cohort study”. The study is well conducted and manuscript is well written. However, I have a few suggestions

**Methods:** The feeding practices need to be elaborated. Who prescribed the feed, who decided when the patient is ready for feeding and for how many hours each day the patient was given the feeds? Any routine RT aspiration was performed during the feeds?

**Methods:** The predictive model was developed on the basis of data collected on only 77 patients with EFI. The impact of several important factors like sepsis (17 pts), trauma (11 pts), dyselectrolytemia (17 pts) was largely missed because of this small sample size.

**Methods:** “Exclusion criteria included the following: 1) aged  $\geq 18$  years; 2) oral intake...” I think it is supposed to be age less than 18 years. Too many feeding formulas were being prescribed. Also, there was a significant difference in the univariate analysis between the 2 groups. Why was this not included in the multivariate analysis?

**Methods:** “....ultrasonographic data were recorded by doctors”, which doctors, ICU physicians trained in performing USG or trained Ultrasonologists?

**Methods:** In discussion the authors mention “When we performed univariable analysis, we included predictors whose P-values were smaller than 0.15 with the aim that no possible significant factors were omitted.” Why was the p value of less than 0.15 taken?

**Results:** the nomograph itself is confusing. It should be clearly stated under the figure what 1 and 2 stand for. The lower part of the figure, ie. Total points and predictive value should be clearly demarcated and separated from the above portion.

**Discussion:** “Similarly, we found that ICU patients with GI disease (e.g., pancreatitis, post-gastrectomy, or upper GI



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hemorrhage) were less likely to experience EFI.” Even though they were given significantly reduced feed but as the number of patients were small, such findings may be misleading.



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**Peer-review model:** Single blind

**Reviewer's code:** 05527087

**Position:** Peer Reviewer

**Academic degree:** Doctor, PhD

**Professional title:** Assistant Professor, Doctor, Lecturer, Research Associate, Surgeon

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

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

**Manuscript submission date:** 2022-08-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-03 09:21

**Reviewer performed review:** 2022-09-05 09:51

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|---------------------------|---|
| <b>Scientific quality</b> | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good<br><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<br><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)<br><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   |



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**SPECIFIC COMMENTS TO AUTHORS**

There are too many old references that must be updated



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**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02441672

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Chief Doctor, Full Professor

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

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

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-03 15:47

**Reviewer performed review:** 2022-09-06 00:34

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|                           |   |
|---------------------------|---|
| <b>Scientific quality</b> | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><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<br><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)<br><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   |



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### **SPECIFIC COMMENTS TO AUTHORS**

The manuscript entitled "Development of prediction model for enteral feeding intolerance in intensive care unit patients: a prospective cohort study" is relevant, has methodology, and the number of cases allows consistent preliminary conclusions. The predictors identified as age, gastrointestinal disease, nutrition, mechanical ventilation and abnormal serum levels before the start of enteral support are easy to identify at the bedside in the ICU. In addition, they can help prevent early complications from artificial nutritional support in intensive care units. I recommend publishing.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Peer-review model:** Single blind

**Reviewer's code:** 00502802

**Position:** Peer Reviewer

**Academic degree:** DNB, FCCP, MBBS

**Professional title:** Director, Doctor

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

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

**Manuscript submission date:** 2022-08-27

**Reviewer chosen by:** Han Zhang

**Reviewer accepted review:** 2022-10-19 07:32

**Reviewer performed review:** 2022-10-19 08:01

**Review time:** 1 Hour

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|---------------------------|---|
| <b>Scientific quality</b> | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good<br><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<br><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)<br><input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Peer-reviewer</b>      | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous   |



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

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

Thank you for addressing all the concerns. I believe the manuscript has significantly improved after incorporating these changes. However, I would suggest to add the following limitations The effect of sepsis, trauma, dyselectrolytemia could not be properly addressed because of the small size size. The effect of various formula feeds could not be ascertained because of use of several feeding formulas.