

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Pathophysiology*

Manuscript NO: 81904

Title: The novel CABIN score outperforms other prognostic models in predicting in-hospital mortality after salvage TIPS for uncontrolled variceal bleeding

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02440467

Position: Editorial Board

Academic degree: MD

Professional title: Academic Research, Adjunct Professor, Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: South Africa

Manuscript submission date: 2022-11-29

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-01-11 19:07

Reviewer performed review: 2023-01-14 19:25

Review time: 3 Days

Scientific quality	<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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" 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 type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

In this retrospective study the authors aimed to compare the performance of eight risk scores to predict in-hospital mortality after salvage TIPS (sTIPS) placement in patients with uncontrolled variceal bleeding after failed medical treatment and endoscopic intervention. -Please specify how many patients submitted to sTIPS had concomitant HCC, and/or portal vein thrombosis - There is no mention in your populations of patients with uncontrollable variceal bleeding about emergent porto-systemic shunting procedures as a rescue therapy in a very rare subset of patients who cannot receive sTIPS due to the presence of contraindications. - Please define in material and methods a list of contraindications to sTIPS in your Center (severe pulmonary hypertension, severe tricuspid regurgitation, congestive heart failure, fibropolycystic liver disease and relative contraindications in congenital hepatic fibrosis and portal vein thrombosis). -“Uncontrollable variceal bleeding ab initio” Please specify uncontrollable variceal bleeding exactly. Baveno guidelines define failure to control bleeding as the “5 days treatment failure is defined using Baveno IV/V criteria without ABRI (adjusted blood requirement index) and with a clear definition of hypovolemic shock. (De Franchis et al.

Report of the Baveno VI Consensus Workshop: stratifying risk and individualizing care for portal hypertension. J Hepatol. 2015;63: 743–52) -“Bleeding persisted in two patients” what was the rescue therapy, if any, for those patients with uncontrolled variceal bleeding after sTIPS failure? “Nine of the 12 (75%) patients who required pre-sTIPS balloon tamponade died”. Please specify which type of balloon, i.e. Sengstaken-Blakemore, Linton Nachlas, Minnesota? Specify if patients who died prior sTIPS were on glipressin or somatostatin infusion. -“while all nine (100%) patients who were hypotensive....”. Please define “hypotension” in brackets (systolic PA< .. , shock index<... ?) - “In a multicentre French study Walter et al. reported that sTIPS mortality was >90% in patients who had lactate levels ≥ 12 mmol/L and/or a MELD score ≥ 30 [51].” I would add a short comment about a possible bias in this study: in septic shock as in all types of shock states, patients with cirrhosis, impaired liver function usually decreases lactate elimination and produces a higher lactate level, so lactate level as a single parameter can represent impaired liver function or impaired elimination. - “ The CABIN score identified high-risk patients and outperformed other scoring systems in predicting in-hospital mortality” So what is your recommendation if uncontrolled variceal bleeding is present in patients with a CABIN C score (16-20) ? I'd appreciate it if you could add and propose a simple algorithm for uncontrolled variceal bleeding based on CABIN categories. One typo: - “The median CABIN score in the 24 in-hospital TIPS survivors”... 24h