

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 23188

**Title:** Risk factors for postoperative bleeding after gastric endoscopic submucosal dissection in Patients Under Antithrombotics

**Reviewer's code:** 00069461

**Reviewer's country:** Turkey

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2015-10-30 09:18

**Date reviewed:** 2015-11-09 20:11

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Dear authors, This study was well written and presented. Endoscopic submucosal dissection is a novel technique. Endoscopists have to accept the need for advanced endoscopic techniques for performing this technique. Anti-coagulants and anti-platelet agents are widely used to prevent thromboembolic disease. These agents were stopped for 1 week before in low-risk patients, and after treatment. The sample size was small. In my opinion, this issue, usage of anti-coagulants and anti-platelet agents, is well known.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 23188

**Title:** Risk factors for postoperative bleeding after gastric endoscopic submucosal dissection in Patients Under Antithrombotics

**Reviewer's code:** 00050420

**Reviewer's country:** South Korea

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2015-10-30 09:18

**Date reviewed:** 2015-11-10 17:13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The author reported 'Risk factors for postoperative bleeding after gastric endoscopic submucosal dissection in patients under antithrombotics'. Postoperative bleeding is one of major complications of gastric endoscopic submucosal dissection, especially in patients with antithrombotic therapy. These findings are important to those with closely related research interests. It is well organized and systemically analyzed. But there are some problems in this manuscript. However, the authors should revise several critical points described below. In Introduction, 1) Postoperative bleeding after gastric ESD is reported to occur in 4.81-9.4% ?--> 4.8-9.4% 2) While several factors (large size of the resected tumor [6, 8], ? --> Large resected tumor size In Results, 1) Of the 250 patients, 48 (18.3%) had a history of receiving antithrombotic therapy for cardiovascular diseases. -->?Of the 262 cases, 48 (18.3%) had a history of receiving .... 2) The numbers did not match. a) Among the 23 patients who had postoperative bleeding, 6 (26.1%) needed blood transfusion. vs. Blood transfusion 7 (2.7%) in Table 1 b) cardiovascular disease (P = 0.0153), vs. P value (0.0069) in Table 2 c) hemoglobin level on admission (P< 0.0001) vs. P value (0.0153) in Table 2 In Discussion, 1)

The postoperative bleeding rate in the group not under anti-thrombotic therapy was 6.1% (13/201). : receiving antithrombotic therapy : 48 non-antithrombotic therapy group : 262 (total) - 48 = 214 cases Why does the total number of non-antithrombotic therapy group was 201 instead of 214? In Conclusion, 1) However, replacement of oral anticoagulant therapy with heparin was associated with a significantly elevated post-ESD bleeding rate. --> The heparin replacement after oral anticoagulant agent withdrawal for patients should be considered carefully for postoperative bleeding after gastric ESD. In Table 1, 1) Tumor size (mean  $\pm$  SD, mm) ? Tumor size (mm, mean  $\pm$  SD) 2) Resected size (mm, mean  $\pm$  SD) ? Resected size (mm, mean  $\pm$  SD) The spacing of the words should be corrected. Reviewer hopes that this manuscript would be accepted after minor essential revision.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 23188

**Title:** Risk factors for postoperative bleeding after gastric endoscopic submucosal dissection in Patients Under Antithrombotics

**Reviewer's code:** 00289412

**Reviewer's country:** Germany

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2015-10-30 09:18

**Date reviewed:** 2015-11-13 18:55

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Well written paper, but some important unanswered problems: In the discussion of postinterventional bleeding in endoscopy a rate of 61% is uncommonly high. Such a high bleeding rate raises suspicion of an independent predominant factor e.g. overdosage of heparin, which needs more discussion. The general problem of the paper seems to be the fact that important details of the antithrombotic agent therapy are not presented. To evaluate the conclusion of the authors, detailed data about the dosages of antithrombotics (especially heparin in the replacement group) are necessary: 1. What sort of heparin out of the big group of heparin specialities was used? 2. What were the dose(s) of heparin, the regimen of dosage, and the application? 3. How was the effect of heparin controlled (PTT, other lab tests for coagulation)? 4. How was overdosage of heparin diagnosed and respectively prevented? 5. What about the antagonism of heparin (e.g. protamine sulfate)? The substitution of 2 units of blood represents a remarkable bleeding, where attempts to antagonize should be thought about. As the anticoagulatory effect of heparin is strictly dependent upon application, dosage and time scheduling, this information is relevant and should be displayed

and thoroughly discussed. In the whole paper the dosage of antithrombotic agents, the lab controls and the clinical effects are underestimated. It seems problematic to compare low dose aspirin with warfarin in therapeutic doses and antiplatelet drugs, if the dosages are not defined and compared. What about the common double anti-platelet medication? Additionally, the recent paper of Hamada et al (Endoscopy 47 (2015): 997-1004) with its extended discussion should be included in the PUR. Another problem is the role of the new NOACs; this should be discussed more critically and in more detail. The postulated advantages of NOACs, namely no need for lab tests of coagulation is in clinical reality a disadvantage: the effect of the drugs cannot be measured in a conventional lab test till now. So, if a bleeding occurs, there is no possibility to check the coagulation of the patient and it is impossible to conduct an aimed therapy. This should be discussed critically. There are discrepancies regarding the tumor size. The figures are inconsistent comparing page 9, table 1 (where – by the way – the unit of tumor size is missing) and table 2 where the percentages of tumor size greater than 21 mm do not match the mean tumor size in the same table and the figures given above. Literature: Only 6 out of 31 references are not from Japanese authors. So the international literature seems a bit underrepresented.