

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 29258

Title: Epidemiology of Upper Gastrointestinal Bleeding Risk Factors: A Large Population-Based Study

Reviewer's code: 00068278

Reviewer's country: Turkey

Science editor: Yuan Qi

Date sent for review: 2016-08-05 12:00

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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 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

In the presented article the prevalence of possible risk factors of UGIB among general population and patients with osteoarthritis were assessed. The prevalence of risk factors were higher in patients with osteoarthritis compared to general population. My concerns are; 1-The title of the article does not represent the study. The study mainly compares risk factors of UGIB among general population and patients with osteoarthritis. 2-The subjects of the study includes 801,926 from general population aged 20 or more and 93,855 of them were patients with osteoarthritis. If general population includes osteoarthritis patients, the ratios of some conditions (e.g peptic ulcer, NSAIDs use, ..) may increase due to the high ratio in osteoarthritis patients. It may be more valuable to show risk factors in general population and osteoarthritis patients separately and statistical significance (p values) should have been given. 3-It is not given if the ratios of risks factors of UGIB between general population and those with osteoarthritis are statistically significant or not. 4-The authors stated that corticosteroid use is a risk factor for UGIB and they cited 3 references; 9, 10, 19. But, in all three references, corticosteroid use alone is not associated with UGIB. 5-What is the reference for defining sedentary lifestyle? The



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authors defined it as those who did not exercise and did not walk more than 30 minutes a week. Is it chosen arbitrarily? 6-The references are not written appropriately.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<input checked="" 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 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

This new manuscript has been examined. The design of this study does not appear to be inclusive. The discussion by the authors is very speculative. Major Issues: Why is age not listed as a comorbid condition? Why is gastroesophageal reflux disease not included as a comorbid condition? It is well known that COX-2 inhibitors (especially in higher doses) cause gastrointestinal bleeding. It is not clear why these agents were not included in this analysis. It is unclear why the authors have not studied newer pharmacologic agents, such as Rivaroxaban. Under "Definition of variables", the authors list codes "defined" as patients with osteoarthritis. Do the author mean "accepted as" patients with osteoarthritis? It is unlikely that these ICD-10 codes are based on strict criteria for the diagnosis of osteoarthritis. It is likely that the patients had chronic joint pain. Do the authors know whether other origins such as Vitamin D deficiency had been excluded? If not, this is a speculative diagnosis. The authors' definition of sedentary lifestyle needs clarification. The first part of the definition "did not exercise" is clear. The second part of the definition "did not walk more than 30 minutes a week" is unclear (e.g. this is less than 4.5 minutes daily). In Supplementary Table 3, we

see that 13.54% of individuals aged 20-24 years are in the category "Sedentary Lifestyle"; are the authors suggesting that 13.54% of 20-24 year-olds are bedridden? In the discussion, paragraph 5: the authors state "physicians should always bear in mind the possibility of UGIB, regardless of age". This is an internationally known gastrointestinal journal. This disrespectful comment should be removed. In the same paragraph, the authors state "Selective COX-2 inhibitors or concurrent prescription of proton pump inhibitors may be a good option". The authors do not mention why they have omitted misoprostol. There indeed is a large literature on cost-benefit analysis for the use of these medications in high-risk patients. If the authors want to mention this field they should include the appropriate references. In the discussion, Paragraph 6: the authors state that "high-risk subjects should control any modifiable risk factors for UGIB". If the authors have any literature that supports this claim, they should have added the references. (For example there is extensive literature on the possible advantage of H. pylori eradication therapy prior to initiation of treatment with a non-steroidal anti-inflammatory drug.) Otherwise, the authors' results do support the need for a prospective study to determine whether or not control of modifiable risks factors decreases the risk of upper gastrointestinal bleeding. Minor Issue: The title is misleading. Since the authors add estimates of the prevalence of gastric H. pylori and then proceed to statistically evaluate this potential effect, this part of their study is modeling not a population-based study. In the conclusion, "as well as prevention of H. pylori infection". Do the authors have any information about counseling individuals to prevent H. pylori infection?