

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 38458

**Title:** Post-polypectomy bleeding and thromboembolism risks associated with warfarin vs direct oral anticoagulants

**Reviewer's code:** 02904354

**Reviewer's country:** China

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-02-21

**Date reviewed:** 2018-02-21

**Review time:** 4 Hours

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 checked="" 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

This paper is interesting, clinically useful, and well prepared. It deserves the publication in this journal. Some revisions should be addressed. 1) ISTH major and minor bleeding definitions should be employed. Further comparison should be performed. 2) The authors described the date and cause of death as the clinical outcomes. They are important. However, the results did not report any information regarding the mortality. 3) The authors analyzed the patients undergoing colonoscopic polypectomy. I want to know whether your conclusions are suitable for the patients undergoing gastroscopic polypectomy. Please add some discussion. 4) The interval between polypectomy and PPB is important. Please add them. Did the authors divide early and late PPB? 5) PSM analysis methods and results are a bit obscure. Please clarify them.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 38458

**Title:** Post-polypectomy bleeding and thromboembolism risks associated with warfarin vs direct oral anticoagulants

**Reviewer's code:** 02441070

**Reviewer's country:** China

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-02-21

**Date reviewed:** 2018-02-21

**Review time:** 10 Hours

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 checked="" 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 checked="" 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

This paper confirmed the validity of the endoscopy guidelines for patients taking warfarin or direct oral anticoagulants (DOAC). It got the conclusion that PPB risk was similar between patients taking warfarin and DOAC. Thromboembolism was observed in warfarin users only. The guideline recommendations for HPB should be re-considered.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 38458

**Title:** Post-polypectomy bleeding and thromboembolism risks associated with warfarin vs direct oral anticoagulants

**Reviewer's code:** 02823396

**Reviewer's country:** Spain

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-02-21

**Date reviewed:** 2018-02-21

**Review time:** 21 Hours

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" 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 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input 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

I have review this vary interesting single-center study focused on the risk of delayed bleeding or thrombosis in patients on treatment with anticoagulants than require endoscopic resection. The authors have shown than the risk of delayed bleeding is comparable between DOAC and warfarin. The most interesting data is regarding heparin bridge therapy and the risk of bleeding. I have understood, and I would like the authors clarify this item, than risk of bleeding with HPB occurs with intravenous heparin, because the authors have no data with subcutaneous heparin. Other crucial decision is when should we reintroduce the anticoagulants after the resection?

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 38458

**Title:** Post-polypectomy bleeding and thromboembolism risks associated with warfarin vs direct oral anticoagulants

**Reviewer's code:** 02440996

**Reviewer's country:** Taiwan

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-02-21

**Date reviewed:** 2018-03-06

**Review time:** 13 Days

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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input 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 checked="" 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

An interesting study that found that anticoagulant (AC) users were at higher risk of post-polypectomy bleeding (PPB) than controls. Second, PPB risk was similar between warfarin users and direct oral anticoagulant (DOAC) users, whereas thromboembolism risk was observed only in warfarin users. Third, PPB risk was not significantly different between rivaroxaban, dabigatran, and apixaban users. Fourth, the strategy of discontinuing AC with heparin bridge as recommended in the endoscopy guidelines showed a higher bleeding rate than continuing AC alone and had one thrombotic event, thus indicating that heparin bridge increased bleeding and may not prevent thromboembolism.