

## PEER-REVIEW REPORT

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

**Manuscript NO:** 86612

**Title:** Direct oral anticoagulants for the treatment of splanchnic vein thrombosis: A state of art

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

**Peer-review model:** Single blind

**Reviewer's code:** 02904354

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Academic Editor, Associate Chief Physician, Associate Professor, Deputy Director

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

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

**Manuscript submission date:** 2023-06-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-06-28 10:26

**Reviewer performed review:** 2023-07-04 13:49

**Review time:** 6 Days and 3 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 Grade E: Do not publish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

<b>Creativity or innovation of this manuscript</b>	<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
<b>Scientific significance of the conclusion in this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <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) <input 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
<b>Peer-reviewer statements</b>	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

An interesting topic. I recommend its potential publication in this journal. The authors should improve the language and grammar. Some minor comments are listed as follows.

1. In page 3, the authors said “Cirrhotic patients generally presents a PVT with an incidence that ranges from 11% to 24% at 5 years”, where the word “presents” should be revised as “present”. 2. In page 6, the authors said “Only one bleeding episode was described in a patient in therapy with DOAC, so authors concluded that there was no statistically significant difference in bleeding events between DOAC e VKA groups”, where the word “e” should be revised as “and”. 3. In page 7, the authors said “The recanalization rate at 3 months was achieved in more than 80% of patients”, where the word “rate” should be removed. 4. In page 8, the authors said “safety and efficacy of anticoagulation seems to be similar to patients without hepatocellular carcinoma”, where the word “seems” should be revised as “seem”. 5. In page 8, the authors said “In

the last few years, experience with DOACs is growing also in the setting of cirrhotic patients”, where the word “also” should be replaced before the word “growing”. 6. In page 9, the authors said “Of note, results presented by authors are referred to the entire population of study; despite the majority of patients presented a PVT, actual conclusions on these patients cannot be extrapolated”. A full stop is lacking at the end of the sentence.

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**Peer-review model:** Single blind

**Reviewer's code:** 05233134

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2023-06-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-07-12 04:46

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**Review time:** 7 Days and 5 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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

<b>Scientific significance of the conclusion in this manuscript</b>	<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
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<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

1. Many other potentialsituations are related to portosistemic thrombosis; there is a growing evidence in the literature that portosistemic thrombosis might be related to surgical interventions, genetic factors and others. The presentation of clinical relevance is important. 2. Astract should clearly present the clinical relevance of prompt medical interventions. 3. New cornerstone treatment options are availabe; important to mentione clot aspiration by interventional radiologist. The time frame for better clinical outcome is mandatory to discuss and mentione. 4. The authors shoul comment and discuss cancer related SVT an portosystemic thrombosis. 5. Authors should comment heparin dose adjustment in case of renal imairment and other clinical circumstances influencing mandatory dose adjustment. Besides, other therapeutic approach is needed to be expalined. 6. Authors should comment DOAC in liverand kidney function impairment. 7. In terms of risk factors, it would also be useful to mention the increased risk of portosystemic thrombosis in the case of certain viral diseases, which has been shown to be associated with infection with COVID19 and others. 8. I recommend the comments in the description of cavernous transformation of the porta, including consequences

(portal hypertension), measures (TIPS) and increased risk of portosystemic thrombosis. 9. line 130-141: Having said this, the authors should be reminded of the very small number of DOAC-treated subjects observed, and commentary should be very limited in view of this fact. 10. line 147-151: In the paper, the authors should present the increased risk of thromboembolic complications in patients with IBD a little more precisely, including the increased risk with some types of therapy. 11. line 180-187: Due to the importance of the content of the paper, authors should indicate the risk of PST according to Child grade or other classification systems that define liver cirrhosis. 12. line 231: The authors should define the risk of PST in case of altered biliary derivation (external biliary drainage) and DOAC treatment. 13. line 250-299: It would be very important for the reader to know the inclusion criteria when deciding to introduce DOACs, as far as the studies state this; random introduction significantly reduces the strength of the evidence and thus could lead to irrelevant conclusions.

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**Peer-review model:** Single blind

**Reviewer's code:** 00051081

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

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

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

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**Reviewer chosen by:** AI Technique

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**Review time:** 11 Days and 12 Hours

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
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<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

1. Page 3 line 39: “thrombofilic” should be changed to “thrombophilic” 2. Page 3 line 48: “unfractioned” should be replaced by “unfractionated” 3. Page 7 line 175: “patients” should be changed into “patient” 4. Reference styling in manuscript and under reference list is not compatible with WJG standards. This should be revised accordingly.