

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 14398

Title: REBLEEDING EVENTS IN PATIENTS WITH OBSCURE GASTROINTESTINAL BLEEDING AFTER A NEGATIVE CAPSULE ENDOSCOPY - A LONG-TERM FOLLOW-UP STUDY

Reviewer code: 00075338

Science editor: Xue-Mei Gong

Date sent for review: 2014-10-01 14:01

Date reviewed: 2014-10-16 07:12

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Dear authors, I read, with great interest, your manuscript entitled "REBLEEDING EVENTS IN PATIENTS WITH OBSCURE GASTROINTESTINAL BLEEDING AFTER A NEGATIVE CAPSULE ENDOSCOPY - A LONG-TERM FOLLOW-UP STUDY." It is an interesting study, albeit a retrospective one. Even so, I have some doubts: - Was pillcam sb2 already available in 2006 in Europe? I am not sure of that... (it received U.S. marketing clearance in June 2007). - I think the text should be reviewed by an english-native person since some terms are difficult to understand. For example "The recordings of WCE were reviewed by 4 experienced gastroenterologists, independently.." probably would be better "The recordings of WCE were independently reviewed by 4 experienced gastroenterologists..." Congratulations for your work

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Title: REBLEEDING EVENTS IN PATIENTS WITH OBSCURE GASTROINTESTINAL BLEEDING AFTER A NEGATIVE CAPSULE ENDOSCOPY - A LONG-TERM FOLLOW-UP STUDY

Reviewer code: 02445653

Science editor: Xue-Mei Gong

Date sent for review: 2014-10-01 14:01

Date reviewed: 2014-10-04 04:04

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The concept is not new, however the manuscript reads well, is concrete and presents a useful single centre experience from a tertiary centre in Europe. Significant revision in regards to: P (Saurin classification) concept of SB lesion in capsule endoscopy should be introduced in the methods section with appropriate referencing, please check nice Editorial in Endoscopy International Open (Why should we systematically specify the clinical relevance of images observed at capsule endoscopy?). The tables are too many and not appealing, should be reduced. The time from presenting complaint ie. overt OGIB to capsule should be provided and (especially in the group of negative SBCE) relevant statistical analysis happen. The number of those who had repeat capsules in the followup period should also be offered in a prominent position in the manuscript. Lastly, consider some minor issues, such as hemoptises to haemoptyses or hemoptyses if you choose the British or American spelling, respectively. Good luck with this interesting manuscript

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Title: REBLEEDING EVENTS IN PATIENTS WITH OBSCURE GASTROINTESTINAL BLEEDING AFTER A NEGATIVE CAPSULE ENDOSCOPY - A LONG-TERM FOLLOW-UP STUDY

Reviewer code: 00068864

Science editor: Xue-Mei Gong

Date sent for review: 2014-10-01 14:01

Date reviewed: 2014-10-14 05:16

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

No comments

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 14398

Title: REBLEEDING EVENTS IN PATIENTS WITH OBSCURE GASTROINTESTINAL BLEEDING AFTER A NEGATIVE CAPSULE ENDOSCOPY - A LONG-TERM FOLLOW-UP STUDY

Reviewer code: 02725329

Science editor: Xue-Mei Gong

Date sent for review: 2014-10-01 14:01

Date reviewed: 2014-10-14 17:21

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Comments to the Author: The authors retrospectively investigated re-bleeding rate of the patients with obscure gastrointestinal bleeding (OGIB) after a negative result of capsule endoscopy (CE). As a result, re-bleeding rate was 32.7% and the median interval until negative CE and re-bleeding was 10 months. In addition, age > 65 years, chronic kidney disease and anticoagulant use were risk factors of re-bleeding in the univariate analysis. However, there are problems in the analysis in this report, and the followings are the comments and questions to the authors. Major comments: 1. OGIB is defined as GI bleeding with negative EGD, ileocolonoscopy, and small bowel radiography. In this study, however, 4 cases of peptic ulcer and one case of gastroesophageal varices were included in the source of re-bleeding. Authors should exclude these five cases from the analysis. 2. In Table 3, one of the sources of re-bleeding was Crohn disease. In this case, is it true that the result of first ileocolonoscopy, small bowel radiography and CE was negative? Minor comments: 1. In Table 2, authors should compare each variable between negative and positive of re-bleeding patients and indicate P value.

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Title: REBLEEDING EVENTS IN PATIENTS WITH OBSCURE GASTROINTESTINAL BLEEDING AFTER A NEGATIVE CAPSULE ENDOSCOPY - A LONG-TERM FOLLOW-UP STUDY

Reviewer code: 00068472

Science editor: Xue-Mei Gong

Date sent for review: 2014-10-01 14:01

Date reviewed: 2014-10-05 17:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

REVIEWER'S REPORT General In a retrospective analysis the authors evaluated the long-term re-bleeding events after a negative wireless capsule endoscopy in patients referred for obscure gastrointestinal bleeding. They found that patients with obscure gastrointestinal bleeding, despite a negative capsule endoscopy, during a 10 months follow-up period have a significant re-bleeding rate (32.7%). They concluded that there are no reliable risk factors that can predict a future re-bleeding event in these patients. Specific comments ? Overall, the presentation of the topic is a little confused. ? The English language should be improved. The text contains several typing and grammar errors. ? An extended follow for patients after a negative capsule endoscopy in patients referred for obscure gastrointestinal bleeding is absolutely mandatory. ? Table 3. In patients with re-bleeding angiodysplasia was identified as the main source of bleeding. In table 5., miscellaneous causes are also listed, such peptic ulcer, hemorrhoidal disease, gastroesophageal varices, Crohn's disease. However, all these lesions can be easily detected by upper or lower endoscopy, and therefore, should not be considered as a deficiency or limitation of wireless capsule endoscopy. ? Because of some limitations of this retrospective analysis (listed on page 17.), prospective observational studies in this topic with long term-follow are urgently needed.

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Title: REBLEEDING EVENTS IN PATIENTS WITH OBSCURE GASTROINTESTINAL BLEEDING AFTER A NEGATIVE CAPSULE ENDOSCOPY - A LONG-TERM FOLLOW-UP STUDY

Reviewer code: 02941324

Science editor: Xue-Mei Gong

Date sent for review: 2014-10-01 14:01

Date reviewed: 2014-10-10 15:18

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Dear Authors, I have read with interest this paper. I think it is pretty good, and it has a chance for publication, if the following points will be satisfied: - Typos should be checked and fixed. I have underlined some of them in the manuscript version you will find attached - the term "Rebleeding" should be changed as "re-bleeding" everywhere - Occult OGIB does not have standard criteria for its definition, according to ASGE

(http://www.asge.org/uploadedFiles/Publications_and_Products/Practice_Guidelines/The%20Role%20of%20Endoscopy%20in%20the%20Management%20of%20obscure%20GI%20bleeding.pdf).

However, I think we cannot accept it only as a loss of hemoglobin, without knowing nothing about the iron status. The serum iron status of all patients with occult OGIB (which are the majority) should be checked, and data presented, since during such a long follow up even patients with chronic kidney disease may experience a decrease of Hb, although without iron deficiency anemia. - It is not clear how patients with further rebleeding after first negative WCE were studied in the follow-up (standard endoscopy? radiology exams? another WCE?). It should be included in the text - Performing a subgroup analysis in a retrospective cohort is deeply wrong by a methodological point of view. It should at least be underlined among the limitations (maybe telling that subgroup analysis has been carried out anyway to do a comprehensive work) best regards

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Reviewer code: 01047280

Science editor: Xue-Mei Gong

Date sent for review: 2014-10-01 14:01

Date reviewed: 2014-10-12 23:54

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The topic is interesting. However, numerous paper are already published in this field therefore there is no interest in publishing a retrospective study with a quit poor design and were important papers are not mentioned.