

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 52666

Title: Hospital Teaching Status on the Outcomes of Patients with Esophageal Variceal Bleeding in the US

Reviewer's code: 02936196

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: United States

Manuscript submission date: 2020-01-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-01-09 10:36

Reviewer performed review: 2020-01-14 02:48

Review time: 4 Days and 16 Hours

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 Grade E: Do not publish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



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SPECIFIC COMMENTS TO AUTHORS

This large retrospective study assessed the differences in mortality and morbidity in patients admitted for esophageal variceal bleeding in teaching versus nonteaching hospitals across the USA. However, the important drawback of this study were noted in this study. You should answer this concerns to be published in this journal. First, There are selection biases in this study. Teaching hospitals had a greater percentage of transfers from outside acute care hospitals compared to non-teaching hospitals and teaching hospitals were more likely to admit patients with hepatic decompensation, hepatorenal syndrome, and HCC when compared to non-teaching hospitals. Moreover, teaching hospitals had a higher rate of balloon tamponade and TIPS procedure. This factors contribute a higher mortality and morbidities in teaching hospital. Second, Important variables such as initial hemoglobin, blood pressure, endoscopic finding and endoscopic hemostasis rate should be analyzed. This factors contribute mortality and mobidities.

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 52666

Title: Hospital Teaching Status on the Outcomes of Patients with Esophageal Variceal Bleeding in the US

Reviewer's code: 02860885

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Togo

Author's Country/Territory: United States

Manuscript submission date: 2020-01-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-01-08 13:08

Reviewer performed review: 2020-01-19 14:45

Review time: 11 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

This manuscript done by Pavan Patel et al. is well written and interesting. They studied hospital teaching status on the outcomes of patients with esophageal variceal bleeding in the US by analyzing the National Inpatient Sample (NIS) database. They divided hospitals into two categories. The rural and urban-nonteaching categories were combined into one category termed non-teaching while the urban teaching category was used to delineate all teaching hospitals. They found mortality, length of stay and cost were higher in teaching hospitals versus nonteaching hospitals when controlling for other confounding factors. However, some questions need to be clarified before acceptance suggested as follows. 1. In the introduction, it wrote "To our knowledge of the current literature, a study that solely focuses on the relationship of esophageal variceal bleeding and patient health outcomes between different hospital settings has not been addressed." However, there are several similar studies focusing on the relations between hospital settings and esophageal variceal bleeding, such as ①Relationship between hospital volume and outcomes of esophageal variceal bleeding in the United States. Clin Gastroenterol Hepatol. 2008 Jul;6(7):789-98. ②Hospital experience and outcomes for esophageal variceal bleeding. Int J Qual Health Care. 2003 Apr;15(2):139-46. I suggest authors need not to emphasize that this issue has not been addressed before. They don't necessarily need to cite the above two references, either. 2. In the study, (ICD-9 CM) diagnosis codes (456.0 and 456.2) were used to identify patients (≥18 years) hospitalized with a primary diagnosis of esophageal variceal bleeding admitted between 2008 and 2014. However, the ICD-9 code 456.2 is "Esophageal varices in diseases classified elsewhere" not necessarily EV bleeding. Can they explain? 3. In the method Predictive Variables section, they wrote "These included blood transfusions (ICD-9-CM 99.00, 99.04, 99.05, 99.06, 99.07), balloon tamponade (ICD-9-CM 44.93 and 96.06), and



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portosystemic shunt (ICD-9-CM 39.1). Are these actually ICD-9-PCS code? 4. In the statistical analysis section, they said they used Wilcoxon signed-rank test for continuous variables. However Wilcoxon signed-rank test is used for related samples. Were patients in teaching vs. non-teaching hospitals related? Please explain. 5. In table 2, although comorbid conditions as determined by the Elixhauser comorbidity index were not statistically significant between groups, liver comorbidities showed significant difference. It means that more patients had liver comorbidities in teaching vs. non-teaching hospitals. So in table 3, this confounding factor should be added for adjusting mortalities. My suggestions and question is, did they consider put all items in table 3 and 4 for multivariate logistic regression to avoid all these confounding factors? That would be more convincing when they made the impression that mortality were higher in teaching hospitals versus nonteaching hospitals when controlling for other confounding factors. 6. In table 3, in the unadjusted mortality, the 95% CI of Medicaid insured spanned across 1, thus they did not show significance. Please also check the result mortality section on the description of medicaid. 7. In table 4 in the SBP variable, the mortalities between teaching and non-teaching hospitals was 25.2% vs. 6.9% respectively, a great difference. Please explain why there were not significant difference between them.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Hepatology

Manuscript NO: 52666

Title: Hospital Teaching Status on the Outcomes of Patients with Esophageal Variceal Bleeding in the US

Reviewer's code: 02860885

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Togo

Author's Country/Territory: United States

Manuscript submission date: 2020-01-06

Reviewer chosen by: Ze-Mao Gong

Reviewer accepted review: 2020-04-01 11:44

Reviewer performed review: 2020-04-05 14:42

Review time: 4 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer statements	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

This is the review for the revised manuscript. All of my questions are fully answered except question 5, which is an important question in my viewpoint. Question 5: In table 2, although the Elixhauser comorbidity index were not statistically significant between groups, liver comorbidities showed significant difference between teaching vs non-teaching hospitals. It means that more patients had liver comorbidities in teaching than in non-teaching hospitals. So a multivariate logistic regression combining all variables listed in Table 3 and 4 is suggested, to avoid all these confounding factors. Otherwise, the authors should change the conclusions such as: In patients admitted for esophageal variceal bleeding, mortality, length of stay and cost were higher in teaching hospitals versus nonteaching hospitals. However, this conclusion is limited by some confounding factors that are not available in NIS database.