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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 18153

Title: Cost effectiveness of intensive care in a low resource setting: A prospective cohort of medical critically ill patients

Reviewer's code: 02446779

Reviewer's country: United States

Science editor: Shui Qiu

Date sent for review: 2015-04-09 23:19

Date reviewed: 2015-07-06 04:49

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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 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

no comments



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 18153

Title: Cost effectiveness of intensive care in a low resource setting: A prospective cohort of medical critically ill patients

Reviewer’s code: 02454185

Reviewer’s country: China

Science editor: Shui Qiu

Date sent for review: 2015-04-09 23:19

Date reviewed: 2015-08-06 08:51

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

The authors should be commended for conducting this important work. The cost effectiveness of ICU admission in resource-limited countries are of great importance both to health care practitioners and to policy makers. Although there may be substantial differences between institutions and regions and the result of current study may not be applicable to other regions, such investigations should be encouraged. There are several concerns that I raise, but these are only to help to improve the quality of this report. Overall, the manuscript is worthy reporting in the journal and is of interest to broad practitioners working in ICU. The followings are several concerns: 1. “Critical care survivors were interviewed at one year follow up after critical illness.” This sentence can be better defined in terms of the follow up period. Is the “one year” calculated from the ICU admission or ICU discharge? For patients who stayed long in ICU can have substantial difference on the follow up period. Although this has been stated in the subsequent paragraph, but it can best be specified at its first appearance. 2. More details of the systematic review should be explicitly stated (or in supplemental file if the space is limited for an article, see editorial requirements). For example, which electronic database was



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utilized, the terms used for searching, the time frame of the search, and many other elements that is required to compose a systematic review. These details can help readers to reproduce the result. A flow-chart can be provided. 3. " Uncertainty was controlled by the use of sensitivity analysis of the key model parameters. "-----on which parameter did you vary in sensitivity analysis? It should have been prespecified in drafting protocol before data were collected. Therefore, it should be mentioned in the method section, probably following the sentence. 4. With the level of significance 0.95---should be 0.05. 5. Descriptive statistics in table 1 should be described in the main text. The authors only mentioned it in the table. 6. "respondents were older than non-respondents"-----in the result section, the difference should be described with numbers, not just by words. 7. In table 1, the point"." Should not be in the middle. The abbreviations should be expanded at footnote of the table. For example, the "Dg.%", SAPS II, and so on. 8. What is the definition of ventilator free days? For example, some authors may define it as survival days free of ventilator within 28 days. What is the time frame in this study? 9. What are the inclusion criteria for the systematic review, and publication bias should be explored. Based on current data provided by the authors, I have no idea about the validity of these data reported in literature, they may be biased in some way. 10. Time frame of the systematic review is also important because situations in 20 years ago can differ substantially from current situation. Also the economic status of the region where the study conducted is also important. Because the study was conducted in the developing region, comparative studies can be better for reference. 11. The numbers of total ICU are missing in several studies in table 3. 12. I want to know more about how to understand table 4. For example, how the number 410212 was obtained for ICU-costs in hospital column. What does the column name "hospital" mean? And how did you estimate the future costs of 524432



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 18153

Title: Cost effectiveness of intensive care in a low resource setting: A prospective cohort of medical critically ill patients

Reviewer's code: 02489089

Reviewer's country: Austria

Science editor: Shui Qiu

Date sent for review: 2015-04-09 23:19

Date reviewed: 2015-08-18 00:15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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 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

Dear Authors, The topic you describe is one of the most important topic in Intensive care in the economic part. I am not really an expert in economic questions in Intensive care but after reading your paper I can resume that there is a clear line of describing the problem, using the correct method, correct patients and using the correct statistical analysis. The results are clear described, discussion is extended but also clear. I have no recommendations to revise your article. So I can recommend your article for publication. Best regards! Your Reviewer



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 18153

Title: Cost effectiveness of intensive care in a low resource setting: A prospective cohort of medical critically ill patients

Reviewer's code: 03285262

Reviewer's country: New Zealand

Science editor: Shui Qiu

Date sent for review: 2015-04-09 23:19

Date reviewed: 2015-08-18 00:57

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like 'Grade A: Excellent', 'Duplicate publication', and 'Plagiarism'.

COMMENTS TO AUTHORS

Overall, interesting. New data presented from low resourced country. Topic has been discussed previously but not provided data in the same way. While overall it is complete in its structure, it is repetitive and requires removal of similar concepts written in different ways throughout text.



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Pg 11 - explanation of incremental cost-effective ration would be good early in the manual-script as an introduction to the concept.