

February 27, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8933-revised.doc).

Title: One fifth of hospitalizations for peptic ulcer-related bleeding are potentially preventable

Authors: Ray Boyapati, Sim Ye Ong, Bei Ye, Anuk Kruavit, Nora Lee, Rhys Vaughan, Sanjay Nandurkar, Peter Gibson, Mayur Garg

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The manuscript has been improved according to the suggestions of reviewers and editor:

1. Professional title for corresponding author has been provided (as per editor comment)
2. Odds ratios for PUD and clopidogrel use predicting use of gastroprotective therapy has been included in the abstract (as per editor comment)
3. Results section expanded to more than 120 words (as per editor comment)
4. Highlighted Contents / Comments section included on page 26/27 (as per editor comment)
5. Scope inserted in title page (retrospective study)
6. Revisions have been made according to the suggestions of the reviewer

	Reviewer Comment	Change
1	By placing data on low-risk patients the authors could, for comparison, highlight the use of gastroprotection in patients at low risk, that constitute the majority of bleeding (2/3) and discuss the use of PPI on the basis of the prevalence estimates obtained.	Inserted paragraph in results: <i>“93 (18%) patients were on gastroprotective therapy prior to hospitalization, and comprised PPI in 79 and HR2A in 14. Of the 333 patients in the ‘not high risk’ group, 49 (15%) were on gastroprotective therapy prior to hospitalization (36 PPI; 13 H2RA). Of the 174 high risk patients, 44 (25%) were on gastroprotective therapy prior to hospitalization (43 PPI; 1 H2RA). Those in the high risk group were more likely to be prescribed gastroprotection prior to hospitalization compared to those in the low risk group (RR 1.72, p=0.004).”</i> Inserted sentence in discussion: <i>“Although there was a higher rate of gastroprotective therapy use in</i>

		<i>the high risk group, only around a quarter of these patients were taking these therapies prior to admission."</i>
2	A discussion should be provided about the discrepancy between expert consensus and real world, since only a fourth of bleeding patients could be framed in an assessment based on current guidelines	<p>Inserted paragraph into discussion:</p> <p><i>"Of note, most of the hospitalizations from UGIH in this study occurred in patients not considered high risk as per current expert consensus guidelines. This is not an unexpected finding given the baseline population in the 'not high risk' group is much larger than the far more specifically defined 'high risk' group. Clearly, the focus of guidelines on higher risk patients is due to the greater potential for risk reduction, leading to more targeted recommendations to maximise the benefit from gastroprotection whilst minimising costs in the real world setting."</i></p>

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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