Reviewer’s report

Title: Risk Score to Predict Gastrointestinal Bleeding after Acute Ischemic Stroke

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Reviewer: Siddharth Singh

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In this large cohort study, Ji and colleagues have derived and validated a risk prediction tool for predicting in-hospital risk of gastrointestinal bleeding after acute stroke. Their model, based on 18 variables, has a modest discriminatory ability with an AUC of 0.76-0.79.

Overall, this is a well-designed and reported manuscript on a clinically important topic. The investigators have used commonly available information to derive a prediction model and subsequently validated it both internal and externally. While the model has modest discriminatory ability, its ease of applicability would better risk stratification for use in clinical practice.

Minor Revisions:
- It may be helpful to emphasize the modest discriminatory capability of this tool for readers who may not be able to interpret an AUC of 0.76-0.79, and based on this conclusions may be tempered down a little. However, the ease of applicability in clinical practice can be highlighted.
- Was data on most comorbidities and pre-existing conditions derived from chart review or patient self-report? The reliability of using either should be discussed as a limitation. It is possible that patients, especially those with stroke may not recall a history of previous GI bleed, and this may not be well-captured in the medical chart.

Discretionary revisions:
- What proportion of patients were on PPI or H2RA at time of presentation?

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests