Reviewer's report

**Title:** Risk Factors of Short-term Mortality after Acute Nonvariceal Upper Gastrointestinal Bleeding in Patients on Dialysis: A Population-Based Study

**Version:** 2  **Date:** 21 February 2013

**Reviewer:** Laura Plantinga

**Reviewer's report:**

Yang et al. have done a sufficient job of responding to most of my initial concerns. The research question is much clearer and the paper flows better. There are still some issues that could be clarified.

**Minor essential revisions**

1. The definition of prior episode of ANVUGIB is still confusing. In their responses the authors stated they had to have a year of claims prior to the index event (presumably claims due to ESRD and not due to age >65 or disability?), and that prior ANVUGIB was defined in that year. But in the paper the authors state that they searched back to 1996 for prior history. I think the latter is fine but still has the problem that those who were older or of very long dialysis vintage would be more likely to have a history by virtue of having records to search. This needs to be acknowledged.

2. I think I was previously unclear in my question regarding death from ANVUGIB outside the hospital. I was getting at whether there would be deaths that would not be captured at all by claims (emergent bleed that leads to death outside the hospital or physician office, such that only the death certificate might have this information). It should be stated in the limitations if this is a possibility (can be presumed to be a rare event if that is the case).

3. In their response the authors state that multivariate adjustment uncovered the independent association of vintage with post-ANVUGIB mortality. This is possible, but it is also possible that this change from non-significant to significant could have occurred due to collinearity (maybe with modality?), statistical anomaly/small cell sizes (with variables like modality, where both the numbers with PD and cases with PD were probably quite low), or adjustment for a collider (less likely with mortality as the outcome, but this can cause an observed association where none exists). I think the results can be interpreted as "this is what we observed" but not as definite "truth." It may also be good to investigate which variable in the model made that result significant and report that.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.
Declaration of competing interests:

I declare that I have no competing interests