Author’s response to reviews

Title: Evaluation of scoring systems without endoscopic findings for predicting outcomes in patients with upper gastrointestinal bleeding

Authors:
Il-Gyu Ko (rhdlfrb@naver.com)
Sung-Eun Kim (happytime3@hanmail.net)
Bok Soon Chang (meerachang@khnmc.or.kr)
Min Seob Kwak (Kwac63@khnmc.or.kr)
Jin Young Yoon (htherehthere@gmail.com)
Jae Myung Cha (clicknox@khnmc.or.kr)
Hyun Phil Shin (megadoctor@khnmc.or.kr)
Joung Il Lee (jilee7@khnmc.or.kr)
Sang Hyun Kim (ssan77@naver.com)
Jin Hee Han (esthesi@naver.com)
Jung Won Jeon (drglory@naver.com)

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Answers to Editor Comments

Manuscript title: Evaluation of scoring systems without endoscopic findings for predicting outcomes in patients with upper gastrointestinal bleeding

Authors: IL-Gyu Ko, Sung-Eun Kim, Bok Soon Chang, Min Seob Kwak, Jin Young Yoon, Jae Myung Cha, Hyun Phil Shin, Joung Il Lee, Sang Hyun Kim, Jin Hee Han, Jung Won Jeon

Article type: Original Research

We sincerely appreciate for your kind advice and comments to our manuscript. We revised the manuscript as editor comments. We represent the specific modifications in response to the comments by red-letters in our manuscript.
Editor Comments:

The quality of the manuscript has improved much after revision. However, there are some questions to be revised

Editor question-1

Comment 8 of first reviewer (WL Chang) should be answered.

Author answer

Thank you very much for your comments about our mistakes. We agree your opinion. We will modify the statement according to your advice. Pre-E RS was good at predicting 30-day mortality. And we did not show the data of RS. Therefore, it is not true that RS is not suitable for an early decision on predicting 30-day mortality. We will erase the sentence that RS is not suitable for an early decision on predicting 30-day mortality.

►Following sentence were deleted to the discussion parts.

or predicting 30-day mortality (line 20 of page 13)

Editor question-2

Comment 9, the dosing of high dose of PPI and terlipressin should be mentioned (or reference citation).

Author answer

According to editor’s comments, we mentioned the dose of PPI and terlipressin.

►Following sentence were added to the methods parts.

The high dose proton pump inhibitor (Pantoloc® Takeda GmbH, Singen, Germany, 40 mg twice daily) was administered to all subjects with UGIB intravenously (line 2,3 of page 7).

The terlipressin (Glypressin® Ferring Pharmaceuticals, Saint-Prex, Switzerland, 2 mg initially followed by 1 mg every 4 hours) was administered to subjects who were considered to have variceal bleeding intravenously (line 4,5 of page 7).

Editor question-3

Minor comment 4 of 2nd reviewer, in Table 2, left column, regarding “Medicine”, warfarin and other anticoagulant should be one group. Aspirin or other antiplatelet, such as clopidogrel should be another group.
Author answer

Your point-out is right. According to editor’s comments, we modified the Table 2.

► Following sentence were added to the Table 2.

or other antiplatelet such as clopidogrel and other anticoagulant