**Reviewer's report**

**Title:** Bleeding in patients who underwent scheduled second-look endoscopy 5 days after endoscopic submucosal dissection for gastric lesions

**Version:** 0 **Date:** 29 Jan 2018

**Reviewer:** Bhavana Bhagya Rao

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This is a descriptive study of post ESD patient monitoring and attempts to identify factors predictive of bleeding. However it does have limitations as follows:

1. None of the included patients were on the newer anticoagulant agents, which are now increasingly in use.
2. In patients with early phase post-ESD bleeding was a diagnostic EGD performed at time of bleeding? If so what were the findings of this endoscopic eval and what sort of hemostasis was offered? Thereafter was a SLE also performed on Day 5?
3. Since antiplatelet and anticoagulant agents were restarted 2 days after procedure was SLE and the hemostatic procedures performed while on full anticoagulation on these patients?
4. In the following statement in the results section "There was no statistically significant difference between the group of patients treated with antithrombotic agents and the group of patients not receiving treatment (p=0.237)" What is the parameter based on which the two groups are being compared here?
5. In this statement: " Univariate analysis of all 26 lesions with post-ESD bleeding revealed that a diameter of the resected specimen ≥40 mm (p=0.036) and antithrombotic treatment before undergoing ESD (p<0.001) were statistically significant factors for bleeding (Table 3)" please clarify if this is early or late phase post ESD bleeding.
6. The study is titled to be a case control study. However no controls have been identified.
7. Further randomized controlled trials are needed to assess if SLE is necessary in post ESD patients and if prophylactic hemostasis is beneficial in patients with high risk ulcers. These questions are unanswered by current study.
8. The results do demonstrate that use of anti-thrombotic agents raises risk for post-ESD bleeding, but that is quite expected. The continued risk of bleeding despite prophylactic hemostasis, might also be related to the fact that antithrombotic therapy was ongoing during SLE and thereafter.

9. Please give percentages and total 'n' in Table 2.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

No

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

**Quality of written English**
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Acceptable

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