Title: AIMS65 scoring system is comparable to Glasgow-Blatchford score or Rockall score for prediction of clinical outcomes for non-variceal upper gastrointestinal bleeding

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Author’s response to reviews:

1. Page 2 line 21 delete "visited" and change to "who were treated at"
Response: We did it.

1. Page 3 lines 4-7. I would make this statement a bit stronger to see the most important finding of your study. What about changing "it might be recommended" to "we would recommend using the AIMS75" and in tads the word "so" before the word easier I on line 4. You have good data why not emphasize it!
Response: We did it.

3. Page lines 9-19 I am confused about ref #14. Were there a lot of varicella bleeding patients at in that study? If so then say it, maybe by adding the phrase "but this study included many (or even add the % of patients with variceal bleeding) patients with variceal bleeding which confounds the use of this scoring system for non-variceal UGI (NVUGI) bleeding" then delete the first two sentences starting on line 14.
Response: In this study, we excluded variceal bleeding patients and only included non-variceal UGI (NVUGI) bleeding patients.
The prevalence of non-variceal bleeding is lower in Korea than in Western countries. Data on scoring system in non-variceal bleeding patients are limited. Therefore we investigated the scoring system in non-variceal bleeding in Korean patients.
If this comment was meant in another way, we are willing to make changes after clarification.

4. Page 4 line 45 change to "Patients with esophageal or gastric variceal bleeding were excluded".
Response: We did it.

5. Page 4 line 38 change "enrolled" to "reviewed" and line 51 change "collected in" to "recovered"
Response: We did it.

Line 51, Data were collected in the electronic medical record, if we change data were recovered from the electronic medical record, the meaning would be different. So we thought it is natural that we would not change the “recovered from.”

6. Page 5 line 16 capitalize "Dieulafoy's" also line 19 add the word "and" after the word "angiodysplasia"
Response: We did it.

7. Might the AIM75 also provide a rational for delaying emergency endoscopic intervention until the next day of patients arrive in the evening or night time? Think about this in the discussion; it is always debated if UGI bleeders who are stable need emergency endoscopy when they arrive.
Response: We added it in the discussion section as follows:
In one study, GBS score 0 identified low-risk patients who can be managed safely as outpatients. Another study showed lower-risk patients (GBS score <12) who were taken urgently to endoscopy were related to the worse outcomes. In our study, patients with AIMS65 score 0/1 had low risk of mortality of 0.5%. We believe that AIMS65 score 0/1 provides a rationale for delaying emergency endoscopic intervention until the next day when patients arrive in the evening or night time.

8. You still need a bit of editing by someone a bit more precise with English writing ( for instance page 6 line 4 "patients" should be "patient" and there are many other places that could be written a bit more smoothly, please do not take this as criticism but rather as constructive advice; being from the US, I can only try to imagine how difficult it would be for me to try to write a paper in a non native language. A more precise editing will make you look "better", it never hurts because some journals consider this inappropriate while others realize that these minor necessary edits of the grammar are to be expected but other journals do not.
Response: Thank you for the constructive advice for English editing. We got the English editing service (Editage.com and another English teacher).

9. Page 7 line 9 don't you mean that the p values were "DIVIDED by 4 because of 4 multiple simultaneous comparisons"?
Response: We corrected it to DIVIDED. Thank you very much for the correction.

10. Page 7 line 48 do you mean "melena" (black tarry stools or do you mean "hematochezia" (altered blood in stool)? These two terms are different.
Response: We mean black tarry stool for the melena.

11. Page 8 line 14-16. Add what the cause of such massive bleeding was. It is very usual to die from nonvariceal massive bleeding!
Response: One patient died of active duodenal ulcer bleeding and hypovolemic shock during endoscopic therapy. We added it in the manuscript.

12. Page 8 line 19 change to "All but one of the 17 patients who died"
Response: We changed it.

13. Page 8 line 36-39 I would again suggest that you delete the phrase "but there was no statistically significant difference between the groups". You give a p value let the reader determine how important
these differences are! Or if you want say "There was a trend (p=0.07) suggesting that the AIMS65 scoring system (0.84) was more accurate.

Response: We changed it as "there was a trend suggesting that the AIMS65 scoring system (0.84) seemed more accurate than the GBS system (0.72) for predicting mortality (P=0.07).

14. Page 10 lines 43-page 11 line 19. Were these all NVUGI bleeding? If so say it.
Response: Reference 11 included only NVUGI bleeding in Korean patients. But reference 15 included large portion of NVUGI bleeding and small fraction of variceal bleeding patients. So we call UGI bleeding instead of NVUGI. Is it acceptable?

15. Page 11 line 38. Change "somewhat" to "much more difficult to apply by the busy clinician"
Response: We changed it.

16 page 11 line 51. Again point out that ref 14 had variceal bleeders as well and maybe also include their percentage.
Response: We investigated ref 14 and described it as follows:
One study showed that AIMS65 was not useful for predicting the need for endoscopic intervention and transfusion clinical outcomes in Korea (14). In this study, 22% (64/286) patients with variceal bleeding were included. AIMS65 score showed lower performance than GBS and RS regardless of variceal or non-variceal bleeding group. On the other hand, the other study involving 523 patients with NVUIB showed that AIMS65 score was useful for predicting the mortality, transfusion requirement, and endoscopic intervention in Korean patients with NVUIB (11). This difference might be due to different patient characteristics and patient number.

17 page 12 line 9 delete the phrase "both study design and". The study design has nothing to do with data retrieval from the medical records and is not a limitation
Response: We did it.

18. Page 12 line 21. Move the last sentence up to the previous line before the sentence starting with "Because" - and add the word "Another " before "limitation"
Response: We changed it as follows:
Each scoring system to predict mortality was less accurate than previously reported, because death events were rare. Another limitation of the study is single center study and death events were rare.

19. Page 12 line 38 change to "The AIMS65 scoring system, however, is much easier". And online 41 add "by the busy clinician" after the word "performed". You have good data, showing it is as good may be better and moreover it is MUCH easier to calculate for a busy clinician! So why not emphasize this!
Response: We changed it.

29. Finally Page 21 figure 2 legend. Again I would suggest that you delete the phrase "but there was no.... groups". Leave the p value there.
Response: We deleted it.

Good luck. I think with these changes you emphasize the worth of your study better and are fair to the statistics because when a p value is =0.07 and you show it but do not say definitively that the values are "different" you are being honest!