Reviewer’s report

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

Version: 0 Date: 07 Aug 2018

Reviewer: Reviewer 2

Reviewer's report:

PEER REVIEWER COMMENTS: To view the full report from the academic peer reviewer, please see the attached file.

REVIEWER COMMENTS FROM REPORT: The authors have elected to try to show that another newer scoring system for upper GI bleeding is better than three other validated systems described previously. They claim it to be better because it is easier to use and predicts mortality better. This is a potentially important topic if they can prove this convincingly.

What have they done well? It is a large enough study to look at serious morbidity, rebleeding, ICU admission, transfusion requirements and in this regard can prove useful if they can make an argument that this system really is much easier to use.

In contrast, what they have not done well is prove that it is easier to use, that the prediction of mortality is statistically robust enough to say this (only a 3% risk of death with 500 patients), and the readers cannot readily see why the AIMS75 system is easier because they do not describe the variables of the other systems and few readers will take the time to try to find the variables of the other systems. And even less will know what those other variables are. Should they be able to modify this manuscript to make a strong case for the AIMS75 system being easier despite it not really being superior then it will be a potentially useful addition to the literature.

REQUESTED REVISIONS:

Comments for the authors
1. Although you have studied 512 patients, the mortality rates being only 3% limits the full advantages of all the scoring systems for mortality as shown by only 36, 9, and 1 patient with AIMS65 scores of 3, 4, and 5 resp. while the differences between scores of 1,2, and 3 are not statistically robust at all. This is a major problem with mortality as the main outcome. Have you done any attempt to show the power (statistical robustness) of your overall AIMS65 score for mortality with only 3% risk of death? Maybe consider refocusing the study on a more common primary outcome like re-bleeding. Something that might have more relevance to the need for endoscopy. I see that the rebleeding scores as well as the other secondary variables also are not different; this markedly detracts from the support for AIMS65 as being a better more accurate scoring system. One of the major potential problems of your
pairwise comparisons is that it appears that you did not correct for the multiple comparisons by something like a Bonferroni correction- why?

2. Why should one use the AIMS65 when the combined clinical outcomes of ALL the scores are the same? You really need to make a much stronger point for supporting AIMS65 over the others. Did you consider adding the results of the EGD to the AIMS65 score to see if that improved your scoring? If not, why not?

3. What does a difference in points mean functionally when comparing scores between the different systems.

4. Page9 line 19 why are they more difficult? This is or should be your entire argument so define why!

5. Page 9 lines 28-31. In the Discussion you introduce the term sensitivity and specificity- these MUST be reported in your RESULTS section also you say the sensitivity is good but is it better than the others- indeed when one looks at table 3 the sensitivity looks pretty similar while there may be an advantage to specificity. Why isn't this discussed in the results section?

6. Finally I doubt that many of the readers will know the variables that these other scoring systems use in their scoring- why not have a table with the variables of each scoring system so that the reader will not have to try to find the other scoring systems - most readers will not take the time or the effort to look all the other ones up and they may not have access to a search engine when reading this article. This is my major suggestion to you- such a table will only help you (hopefully) to make the argument that AIMS65 is easier than the other systems because that should be your main argument, not the risk of mortality because that statistic is much less robust than you make it out to be.

ADDITIONAL REQUESTS/SUGGESTIONS:
Most important- add a table describing the variables used in the other three scoring systems for the reader to use when determining if the AIMS65 scoring system really is easier -this is crucial because the AIMS65 scoring system is not definitively better than the other 3 systems,, Second they introduce the terms sensitivity on the discussion and have a table describing sensitivity and specificity, but they do not discuss these predictive abilities in the results section -this needs to change

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.

No

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.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

This reviewer has been recruited by a partner organization, Research Square. Reviewers with declared or apparent competing interests are not utilized for these reviews. This reviewer has agreed to publication of their comments online under a Creative Commons Attribution License attributed to Research Square and was paid a small honorarium for completing the review within a specified
timeframe. Honoraria for reviews such as this are paid regardless of the reviewer recommendation.

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal