Review Form 3

Journal Name:	**Asian Journal of Medicine and Health**
Manuscript Number:	**Ms_AJMAH_127050**
Title of the Manuscript:	**Utility of the PITT Bacteremia Score for Predicting Mortality in CRE Colonized and Infected Patients**
Type of the Article	

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PART 1: Review Comments

Compulsory REVISION comments	**Reviewer's comment**	**Author's Feedback** *(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Please write a few sentences regarding the importance of this manuscript for the scientific community. Why do you like (or dislike) this manuscript? A minimum of 3-4 sentences may be required for this part.		
Is the title of the article suitable? (If not please suggest an alternative title)		
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.		
Are subsections and structure of the manuscript appropriate?		
Please write a few sentences regarding the scientific correctness of this manuscript. Why do you think that this manuscript is scientifically robust and technically sound? A minimum of 3-4 sentences may be required for this part.		
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.		

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Minor REVISION comments **Is the language/English quality of the article suitable for scholarly communications?**		
Optional/General comments	**Title and Scope** The article's title accurately reflects the central theme, and the authors deserve commendation for addressing such a relevant issue. However, I suggest a slight modification to specify that the study focuses on “ICU patients with CRE infections,” which would immediately clarify the study population and facilitate readers’ understanding of the context. **Objectives** The objectives are well-defined but could be made more specific. Given the study's scope, it would be valuable to include a comparative goal, explicitly evaluating the predictive efficacy of the Pitt Bacteremia Score (PBS) against established prognostic tools, such as SOFA or APACHE, in ICU patients with CRE infections. This addition would enhance the study's depth and relevance within the context of critical care scoring systems. **Abstract** The abstract covers the necessary structure, but a stronger concluding statement, highlighting the study’s main findings and underscoring the practical implications of PBS in clinical settings, would strengthen it. Additionally, a final note on the utility of PBS in resource-limited settings, where rapid triage is essential, would be relevant. **Introduction** The introduction is well-founded and adequately contextualizes the topic. However, I recommend a brief literature review covering the limitations of traditional scoring systems, such as SOFA and APACHE, to justify the choice of PBS for CRE patients. Including recent epidemiological data on the rising prevalence of CRE infections and their impact on ICU mortality rates would also strengthen the study’s foundation. **Methodology** The methodology is appropriate for the study's scope but could benefit from further clarification in certain areas: • **Patient Inclusion Criteria and Sampling**: Providing more details on patient selection, especially regarding the differentiation between CRE colonization and infection, would improve reproducibility. Including a control group (e.g., non-CRE infected patients) would further strengthen the conclusions. • **Informed Consent**: Although informed consent is mentioned, it is important to clarify how data from patients unable to provide consent were handled to ensure compliance with ethical guidelines. • **Application of PBS Parameters**: Since PBS has specific applicability in ICUs, the authors should specify whether each parameter was adapted for this population. Emphasizing the score's bedside utility is crucial, as the ICU setting often requires quick, practical assessments. **Results** The results section is well-structured, but improvements in visual data presentation would enhance clarity: • **Visual Presentation of Data**: I recommend using detailed tables or graphs, such as a comparative table illustrating survival versus mortality rates for each PBS score range. These visual aids would allow readers to more easily identify trends. • **Interpretation of Results**: Although data on the impact of each PBS component on mortality is presented, further analysis on the clinical significance of these variables in CRE infections would enrich the discussion, especially for readers	

	less familiar with the ICU context. **Discussion** The discussion is well-articulated and demonstrates thoughtful analysis, though it could be further enriched: • **Comparison with Other Studies**: Given the global impact of CRE infections, integrating a comparison with international studies, particularly those examining PBS and other scoring systems in ICU patients, would broaden the analysis. Discussing areas of alignment or divergence with these studies would provide a more comprehensive view. • **Limitations**: The limitations are addressed, but explicitly mentioning potential selection biases, especially given the context of a single-center study, would increase transparency. Additionally, acknowledging how sample size and center-specific practices may influence PBS outcomes would add depth. • **Clinical Implications**: The authors could deepen the discussion by emphasizing the applicability of PBS in resource-limited ICUs, where more complex scoring systems may be impractical. Highlighting PBS as a complement, rather than a substitute, to other clinical evaluations would clarify its intended use. **Conclusion** The conclusion adequately summarizes the findings but could further emphasize practical recommendations. Explicitly stating PBS's potential role as a decision-support tool in the initial triage of CRE-infected patients would add relevance for clinicians. The authors might suggest that integrating PBS with other indicators could optimize ICU resource allocation and management strategies. **References** The references are adequate, but updating with more recent studies on PBS and emerging practices in bacterial resistance management would add a modern context. Including research from high-burden countries would underscore the relevance of PBS across diverse healthcare settings. **Summary and Recommendations** In summary, the article addresses an important issue with significant clinical implications. Refining the introduction with a stronger theoretical foundation, improving the clarity of the methodology, and expanding the discussion with comparisons to previous studies would enhance the study's robustness and scientific value. Given the complexity of managing CRE infections, these adjustments would make the study not only informative but also a practical reference for clinical application in ICUs worldwide. With the recommended revisions, this article has the potential to make a valuable contribution to the literature on risk assessment tools in antibiotic-resistant infections, particularly within high-demand ICU environments.	

PART 2:

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Are there ethical issues in this manuscript?	*(If yes, Kindly please write down the ethical issues here in details)*	

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