

PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

Manuscript NO: 31322

Title: Coronary angiography findings in cardiac arrest patients with non-diagnostic post-resuscitation electrocardiogram: A comparison of shockable and non-shockable initial rhythms

Reviewer's code: 00502892

Reviewer's country: United States

Science editor: Jin-Xin Kong

Date sent for review: 2016-11-10

Date reviewed: 2016-11-19

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This observational, single-center study compared two groups of patients hospitalized for cardiac arrest: those presenting with an initial "shockable" rhythm, i.e. ventricular fibrillation, vs. those presenting with "non-shockable" pulseless electrical activity or asystole. Of particular interest was the comparative incidence of coronary artery disease (coronary angiogram) in the two groups. As expected, the ventricular fibrillation cohort collectively had more favorable outcomes, including higher survival to discharge, better neurological status (cerebral performance score) at discharge, and lower five-year mortality. Although the incidence of coronary stenosis did not differ between groups, the ventricular fibrillation group showed a strong trend toward a higher incidence of acute coronary lesions, and a statistically significant higher need for percutaneous coronary intervention. On the basis of these findings, it is concluded that cardiac arrest victims should be considered strongly for early coronary angiography,

especially those patients with initial ventricular fibrillation. The manuscript is well-written, the statistical analysis is appropriate, and the data support the conclusions. Comment: Although the study is rather small, it would be worthwhile to show if acute PCI produced any improvement in outcomes, or even a trend in that direction. Of the patients with significant coronary artery disease, did those receiving acute PCI show a greater survival rate and/or good neurological outcome? Minor edits: Second paragraph of Discussion: Change 'definite' to 'definitive' Fourth paragraph of Discussion: "In our study, five-year survival rates were also higher... ...as previously reported [cite reference]." Fifth paragraph of Discussion: delete "derived" (second line) Table legends should appear at the bottom of the respective tables, not with figure legends.

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Name of journal: World Journal of Cardiology

Manuscript NO: 31322

Title: Coronary angiography findings in cardiac arrest patients with non-diagnostic post-resuscitation electrocardiogram: A comparison of shockable and non-shockable initial rhythms

Reviewer's code: 03345188

Reviewer's country: Netherlands

Science editor: Jin-Xin Kong

Date sent for review: 2017-01-12

Date reviewed: 2017-01-13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Thank you for writing this nice manuscript. Apart from some small spelling errors, the manuscript looks fine. I have some comments. 1. Please add the acronym "PEARL" to reference 25. 2. Please mention the COACT trial among the studies currently including OHCA patients with nondiagnostic EKG (Lemkes et al., Am Heart J 2016). 3. The paper describes a cohort of patients with SCA who underwent cor angiography. Do the authors know how many patients presented with SCA and did not undergo CA? Please report and add to Figure 1.

PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

Manuscript NO: 31322

Title: Coronary angiography findings in cardiac arrest patients with non-diagnostic post-resuscitation electrocardiogram: A comparison of shockable and non-shockable initial rhythms

Reviewer's code: 00214240

Reviewer's country: Belgium

Science editor: Jin-Xin Kong

Date sent for review: 2017-01-12

Date reviewed: 2017-01-16

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> [Y] Accept
<input checked="" type="checkbox"/> [Y] Grade B: Very good	<input checked="" type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> [] The same title	<input type="checkbox"/> [] High priority for publication
<input type="checkbox"/> [] Grade C: Good	<input type="checkbox"/> [] Grade C: A great deal of language polishing	<input type="checkbox"/> [] Duplicate publication	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> [] Grade D: Fair	<input type="checkbox"/> [] Grade D: Rejected	<input checked="" type="checkbox"/> [Y] No	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> [] Grade E: Poor		BPG Search:	<input type="checkbox"/> [] Major revision
		<input type="checkbox"/> [] The same title	
		<input type="checkbox"/> [] Duplicate publication	
		<input type="checkbox"/> [] Plagiarism	
		<input checked="" type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

very interesting study important topic the impact of coronary artery disease in a cohort of patients resuscitated from cardiac arrest with non-diagnostic ECG is studied in a rather large group of patients the outcome of the patients is remarkably good the major message is that the threshold for coronary angiography in both groups (shockable or not/ irrespective of initial rhythm)should be low. limitations of this study are well documented