



**PEER-REVIEW REPORT**

**Name of journal:** *World Journal of Cardiology*

**Manuscript NO:** 87237

**Title:** The value of Cardiac Magnetic Resonance on the risk stratification of cardiomyopathies

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer’s code:** 03498422

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer’s Country/Territory:** Italy

**Author’s Country/Territory:** Spain

**Manuscript submission date:** 2023-07-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-08-06 20:42

**Reviewer performed review:** 2023-08-21 22:49

**Review time:** 15 Days and 2 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

The Authors wrote an interesting review on the role of CMR for risk stratification of patients with cardiomyopathies; please find here some points to address: -On page 5, "NIDCM is characterized by left ventricular enlargement, systolic dysfunction, and myocardial fibrosis without significant coronary artery disease" should also specify that abnormal loading conditions are another exclusion criterion (hypertensive, valvular or congenital heart disease) -In NIDCM, there is no mention of T2-STIR, T1, T2 and ECV mapping. The importance of all these 4 sequences should be briefly discussed. -In HCM, there is no mention of t2-STIR for oedema detection; the experimental studies on DTI should be also mentioned. -The paragraph on endomyocardial fibrosis should be expanded to mention three different (but overlapping) diseases: endomyocardial fibrosis (EMF), hypereosinophilic syndrome (HES) with cardiac involvement and endocardial fibroelastosis (EFE). Of course, little is known about patients' prognosis. -The paragraph about cardiac amyloidosis (6 pages) appears disproportionate compared to the other diseases; I would suggest the Authors to move some information in a Table. -In ACM, there is no mention of t2-STIR for oedema detection; as for NIDCM and



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

HCM, the possibility of a "hot phase" presentation of ACM should be discussed, in particular its relationship with arrhythmias. -I would strongly suggest the Authors to add some figures about DCM, HCM, amyloid and LVNC, besides the Figure they have already prepared about ACM.

### **RESPONSE TO REVIEWER**

Thanks for your comments that will improve the final manuscript.

*-On page 5, "NIDCM is characterized by left ventricular enlargement, systolic dysfunction, and myocardial fibrosis without significant coronary artery disease" should also specify that abnormal loading conditions are another exclusion criterion (hypertensive, valvular or congenital heart disease)*

This element has been added in the new version of the manuscript.

*-In NIDCM, there is no mention of T2-STIR, T1, T2 and ECV mapping. The importance of all these 4 sequences should be briefly discussed.*

This element has been discussed in the new version of the manuscript.

*-In HCM, there is no mention of t2-STIR for oedema detection; the experimental studies on DTI should be also mentioned.*

This element has been partially modified in the new version of the manuscript.

*-The paragraph on endomyocardial fibrosis should be expanded to mention three different (but overlapping) diseases: endomyocardial fibrosis (EMF), hypereosinophilic syndrome (HES) with cardiac involvement and endocardial fibroelastosis (EFE). Of course, little is known about patients' prognosis.*



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

This suggestion has not been added to try not to enlarge to much the paper as the CMR has apparently few value on these entities.

*-The paragraph about cardiac amyloidosis (6 pages) appears disproportionate compared to the other diseases; I would suggest the Authors to move some information in a Table.*

This part has been reduced and a table has been created.

*-In ACM, there is no mention of t2-STIR for oedema detection; as for NIDCM and HCM, the possibility of a "hot phase" presentation of ACM should be discussed, in particular its relationship with arrhythmias.*

This has been added in the new version of the manuscript.

*-I would strongly suggest the Authors to add some figures about DCM, HCM, amyloid and LVNC, besides the Figure they have already prepared about ACM.*

This recommendation was not translated to the text to save space, amyloid has been reduced as a table and LVNC was note mentioned in the final text.



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Cardiology*

**Manuscript NO:** 87237

**Title:** The value of Cardiac Magnetic Resonance on the risk stratification of cardiomyopathies

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04925605

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Additional Professor, Director, Senior Researcher

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Spain

**Manuscript submission date:** 2023-07-30

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-08-28 01:54

**Reviewer performed review:** 2023-08-28 02:16

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



# Baishideng Publishing Group

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This manuscript reviews the significant contribution of cardiovascular magnetic resonance (CMR) to the diagnosis and management of patients with cardiomyopathies, with special attention to risk stratification, hence is interesting.

## RESPONSE TO REVIEWER

Thanks for your kind words



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
**https://**[www.wjgnet.com](http://www.wjgnet.com)