

JOURNAL EDITORIAL BOARD'S REVIEW REPORT

Name of journal: World Journal of Cardiology

Manuscript NO: 88004

Title: Efficacy and prognostic impact of Pericarpium Trichosanthis injection combined with nicorandil for intractable angina pectoris in elderly patients: A retrospective study

Journal Editor-in-Chief/Associate Editor/Editorial Board Member: Nenad Lakusic

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Date reviewed: 2023-11-26 09:24

Review time: 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<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"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Major revision

JOURNAL EDITORIAL BOARD COMMENTS TO AUTHORS

1. Introduction and Discussion section The incorrect claim that nicorandil is a CCB needs to be corrected! "Nicorandil relaxes coronary vascular smooth muscle by stimulating guanylyl cyclase and increasing cyclic GMP (cGMP) levels as well as by a second mechanism resulting in activation of K⁺ channels and hyperpolarization". 2. Methodologically, the main objection is the continuation of therapy in the follow-up period with nicorandil. Because of this, it is not possible to know what is the effect of nicorandil itself, and what is the effect of nicorandil and previous Pericarpium Trichosanthis therapy! 3. Methodologically, the study had to be set up in such a way that either there were three monitored groups; one with conventional therapy, one treated with Pericarpium Trichosanthis + nicorandil and the third conventional + nicorandil. Alternatively, the control group could have been conventional + nicorandil vs. Pericarpium Trichosanthis + nicorandil! 4. Why are only elderly patients included in the therapy? 5. What proportion of patients were treated with PCI or CABG? 6.



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Was there an indication for additional revascularization procedures? 7. It is certainly important to additionally emphasize that most studies have shown that there is no significant difference in mortality in boils patients with coronary coronary syndrome compared to those treated with OMT! 8. Did the patients treated "conventionally" (control group) receive all currently available therapy for CCS such as ranolazine, trimetazidine? 9. Instead of reference 10, a newer one should be included; European Heart Journal, Volume 43, Issue 40, 21 October 2022, Pages 3997-4126, <https://doi.org/10.1093/eurheartj/ehac262> 10. It is necessary to include ref. in the cited literature. "European Heart Journal, Volume 41, Issue 3, 14 January 2020, Pages 407-477, <https://doi.org/10.1093/eurheartj/ehz425>" related to the treatment of patients with chronic coronary syndrome