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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology
ESPS manuscript NO: 33294
Title: Peripheral interventions and antiplatelet therapy: Role in current practice
Reviewer's code: 01264608
Reviewer's country: United States
Science editor: Fang-Fang Ji
Date sent for review: 2017-02-10
Date reviewed: 2017-02-14

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

COMMENTS TO AUTHORS

Paper is well written. Data is summarized very well. For readers understanding well, authors should summarize all clinical trials used in the manuscript. Many clinical trials were not in the table, which made hard to follow the context (ie Goodney et al, BASIL, BEST-CLI, ESPRIT, PLATO, THEMIS trials etc).

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology
ESPS manuscript NO: 33294
Title: Peripheral interventions and antiplatelet therapy: Role in current practice
Reviewer's code: 01198134
Reviewer's country: Taiwan
Science editor: Fang-Fang Ji
Date sent for review: 2017-02-10
Date reviewed: 2017-02-14

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

COMMENTS TO AUTHORS

This review manuscript by Singh et al. is well-written.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology
ESPS manuscript NO: 33294
Title: Peripheral interventions and antiplatelet therapy: Role in current practice
Reviewer's code: 00541776
Reviewer's country: Germany
Science editor: Fang-Fang Ji
Date sent for review: 2017-02-10
Date reviewed: 2017-02-24

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

COMMENTS TO AUTHORS

General comments: The manuscript of Singh et al addresses a rather neglected issue of optimal revascularization strategy and anti-platelet therapy in PAD patients. Overall, this manuscript provides a good overview of the studies that were done in PAD patients, either as a subgroup of larger cohorts, or as the main cohort. I am convinced that this paper is both relevant to the field and of interest to the journal audience. However, several changes must be done to improve the manuscript. It would also benefit from additional language editing. Detailed comments: 1. Abstract: "Platelet activation and aggregation after percutaneous transluminal angioplasty of atherosclerotic arteries are important risk factors for re-occlusion/restenosis following endovascular procedures". First and foremost, they are a risk factor for life-threatening thrombosis following endovascular procedures. Please modify. 2. Introduction, p.6: Term "based/basing" is repeated 4 times in 2 sentences. Please edit. 3. Antiplatelet Therapy, p.6: "antiplatelet therapy in PAD remains largely unstudied as compared to coronary artery disease (CAD) and cerebrovascular disease patients. Multiple antiplatelet agents have been studied in

the PAD population, including aspirin, the combination of aspirin and dipyridamole, clopidogrel, ticagrelor, cilostazol and vorapaxar" These two sentences should be rewritten as they seem to convey a contrdicictory message: Therapy in PAD remains unstudied, but multiple agent have been studied in PAD population. It is also important to state, by whom these studies were done – there are no references. 4. Aspirin: "irreversibly blocks Thromboxane A2 in the platelet". Thromboxane production is secondary, due to irreversible inactivation of cyclooxygenase enzyme. 5. Clopidogrel, p.8: The paragraph on CHARISMA study compares aspirin vs clopidogrel-aspirin, and must be therefore discussed in the subchapter dedicated to dual vs mono therapies together with MIRROR study. 6. Clopidogrel, p.8: "Patients with multiple risk factors for PAD are also more likely to express clopidogrel resistance including diabetes [21], smoking [22], and chronic kidney disease (CKD). [23]" This sentence does not make sense, please rewrite. 7. Ticagrelor: "Ticagrelor (….)like prasugrel, has a greater platelet inhibition than clopidogrel". It may cause, but not "have" greater inhibition. Please correct. 8. Dual vs Mono Therapy: What whas the size of the study population in MIRROR trial? 9. Role of anticoagulant therapy: In the previous chapter, dedicated to anti-platelet agents, the mechanism of action is briefly highlighted for each drug. The same must be done in this chapter, for warfarin, or DOACs. 10. Warfarin: "The WAVE trial compared the efficacy and safety of combination antithrombotic therapy with an antiplatelet agent and an oral anticoagulant to antiplatelet therapy alone in patients with PAD. Results showed that combination therapy was not more effective than antiplatelet therapy alone in preventing major cardiovascular complications." The authors forgot to mention which antiplatelet agent and which oral anticoagulant (presumably warfarin) have been used in the trial. Please provide missing info! 11. Antiplatelet therapy and patency post peripheral endovascular treatment: In this sub-chapter, the PTA results are totally mixed with studies concerning grafting. The two procedures, and the respective data on anti-platelet therapies in these procedures, should be discussed separately! 12.

P.15. CASPAR trial: it is unclear why CASPAR is in brackets. Furthermore, in this paragraph the authors suddenly abbreviate "aspirin" as "ASA". Please correct. 13.

Current Practice: The sentence "Rationale for shorter duration of antiplatelet therapy is primarily drawn from the fact that stenting is reserved for flow limiting localized complications and endothelial damage mainly from balloon angioplasty" is not clear, as especially patients with DES require