

## PEER-REVIEW REPORT

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

**Manuscript NO:** 40471

**Title:** Chronic ischemic mitral valve regurgitation, surgical perspectives

**Reviewer's code:** 02446706

**Reviewer's country:** Netherlands

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-06-26

**Date reviewed:** 2018-06-28

**Review time:** 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Please pay careful attention to style and typology through out the manuscript. Reference section should be in accordance with teh requirement of the World Journal of Cardiology.

## INITIAL REVIEW OF THE MANUSCRIPT

### *Google Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

### *BPG Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

## PEER-REVIEW REPORT

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

**Manuscript NO:** 40471

**Title:** Chronic ischemic mitral valve regurgitation, surgical perspectives

**Reviewer's code:** 04321572

**Reviewer's country:** United States

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-06-26

**Date reviewed:** 2018-06-28

**Review time:** 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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		<input checked="" type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This is a nice review on chronic ischemic mitral valve regurgitation. The Major points: It would be helpful if the authors provide a comprehensive list of definitions of IMR as well as related citations. The authors need to list different criteria/guidelines for IMR definitions and also the pros and cons of each definition. The authors stated that "IMR



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is a significant clinical problem that may happen in 10-20% of patients with ischemic heart disease". However, it is unclear under what population and what context. It would be helpful if the authors could provide a global overview of the burden of ischemic mitral valve regurgitation first, and then regional burden, as well as time trends. The sentence "When patients are matched in their base line characteristics, those who have severe degree of IMR (ERO > 20 mm), are six time more liable to have heart failure compared to patients without IMR regardless of the symptomatology status, so detecting and quantifying IMR is highly crucial in planning treatment strategy following myocardial infarction." This need a proper citation as well as providing details as to what are the baseline characteristics that have been matched, and RR with 95% confidence interval. Was this just from one study, or from multiple studies? What are the study population and study design? The authors presented conflicting results from trials. However, they only listed 4 trials from 2012 to 2014. First, are these four trials comprehensive? Is there any other study that have been missed out? How about evidence from observational studies? It would be helpful if the authors could review the literature and provide evidence in a systemic and comprehensive way so that it gives the readers an overall view of the current evidence, what have known and where are the knowledge gaps. Minor points: A comma is missing for the sentence under "Core tip". A comma is missing or the sentence "A more recent conducted trial by Bouchard and colleagues (15) in 2014 demonstrated that hat there were no obvious clinical benefit of adding mitral valve intervention at the time of CABG after one year follow up despite the tempting value early in the post-operative period, however the major drawback of this trial is that it included only 31 patients in both cohorts" Extra space between the word "be" and "corrected" for the sentence "An increasing consensus among authors indicate that a severe form of IMR should be corrected, however surgical intervention with moderate forms of IMR at the time of coronary revascularization is still a matter of



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debate (3).” In the sentence “Secondary to Some other mitral valve pathologies may coexist with a previous history of myocardial infarction like rheumatic or myxomatous mitral valve disease,”, S should be not being capitalized for the word “some”.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

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## PEER-REVIEW REPORT

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

**Manuscript NO:** 40471

**Title:** Chronic ischemic mitral valve regurgitation, surgical perspectives

**Reviewer's code:** 00227375

**Reviewer's country:** Japan

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-06-26

**Date reviewed:** 2018-06-29

**Review time:** 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This is an interesting mini-review about the surgical strategy for ischemic mitral valve regurgitation. This manuscript is nicely structured and well written. I have no question about this manuscript.

## INITIAL REVIEW OF THE MANUSCRIPT

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