

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 45981

**Title:** Optimal use of fielder XT guidewire enhances the success rate of chronic total occlusion percutaneous coronary intervention

**Reviewer's code:** 03009708

**Reviewer's country:** Netherlands

**Science editor:** Fang-Fang Ji

**Reviewer accepted review:** 2019-01-31 13:31

**Reviewer performed review:** 2019-01-31 13:38

**Review time:** 1 Hour

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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input 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 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

good

### INITIAL REVIEW OF THE MANUSCRIPT



**Baishideng  
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7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-223-8242  
**Fax:** +1-925-223-8243  
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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 45981

**Title:** Optimal use of fielder XT guidewire enhances the success rate of chronic total occlusion percutaneous coronary intervention

**Reviewer's code:** 02540650

**Reviewer's country:** Egypt

**Science editor:** Fang-Fang Ji

**Reviewer accepted review:** 2019-02-06 06:35

**Reviewer performed review:** 2019-02-06 08:32

**Review time:** 1 Hour

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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input checked="" 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 checked="" 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

An interesting study although frequently studied but sample size is adequate and convenient for this important studied issue, some points are needed to be clarified: 1. Proper and more narrow inclusion criteria for whom suitable for Fielder XT Guidewire



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7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-223-8242  
**Fax:** +1-925-223-8243  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

are lacking in this study 2. statistical analysis needs more appropriate naming of test for example T test is used to compare quantitative normally distributed data and not qualitative data as you mentioned 3. manuscript is full of spelling and grammar mistakes please correct

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

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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 45981

**Title:** Optimal use of fielder XT guidewire enhances the success rate of chronic total occlusion percutaneous coronary intervention

**Reviewer's code:** 02440467

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

**Reviewer accepted review:** 2019-01-31 12:29

**Reviewer performed review:** 2019-02-08 10:54

**Review time:** 7 Days and 22 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input checked="" type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Dear Editor thank you for inviting me to review this article This article entitled " Optimal Use of Fielder XT Guidewire Enhances the Success Rate of Chronic Total Occlusion Percutaneous Coronary Intervention" dealing with one of the most important



**Baishideng  
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Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-223-8242  
**Fax:** +1-925-223-8243  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

cardiac interventional topic. In fact, increased failure rates, technical complexity, cost (of equipment, manpower) and procedure length have historically discouraged percutaneous revascularization attempts. Compared with non-CTO PCI, the success rate of CTO PCI has been quoted as low as 50% versus 97% and failure of CTO-percutaneous coronary intervention (CTO-PCI) is reported to be associated with higher subsequent mortality. In this This retrospective study the Authors aimed to investigate the use of Fielder XT guidewire in Chronic Total Occlusion Percutaneous Coronary Intervention (CTO-PCI) via the antegrade approach. The Authors reported two main results: 1) the use of Fielder XT guidewire contributes to increase the success rate of CTO-PCI via the antegrade approach and 2) the use of Fielder XT guidewire is associated with reduced rates of in-hospital complications and stent implantations. Furthermore, the use of Fielder XT guidewire was associated with a relatively shorter procedural time and lower contrast amount, as Fielder XT guidewire could cross CTO lesions into the distal true lumen by microchannels probably decreasing the risk of contrast media related acute kidneys injury. Although the study has some limitations by its retrospective nature, is numerically relevant, is well written and very well organized and documented. Some minor remarks: - An illustrative non-commercial image of the XT wire can be desirable. - What about arterial access? Can the AA report the radial access percentage? - What about the choice of the guiding catheter? One performed better than other in the model? - Are there other wires technically similar to Fielder XT on the market? - Chronic total occlusions (CTOs) are defined by some AA as coronary lesions with thrombolysis in myocardial infarction (TIMI) grade flow of 0 (true CTO) or TIMI grade flow 1 (functional CTO).

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7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA

**Telephone:** +1-925-223-8242

**Fax:** +1-925-223-8243

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