



# INDIANA UNIVERSITY

DEPARTMENT OF MEDICINE  
School of Medicine

Dear Sir/Madam,

Thank you for your comments. We have addressed your suggestions.

## Specific Comments to Authors:

The paper's main finding is that the left atrial enlargement is not frequent in African American patients (based on reference values for the general population). Indexed left atrial anterior-posterior diameter is better than left atrial diameter alone in discrimination of the survivors. The title reflects the main subject of the manuscript: prognostic value of left atrial size in hypertension in African Americans undergoing stress echocardiography. The abstract summarizes the work described in the manuscript.

1. The abbreviated word "LA" should be explained at the first use in the abstract. **This has been corrected.**
2. The keywords reflect the manuscript's focus but "left atrial enlargement" and "stress echocardiography" should be added. **This has been corrected.**
3. Better to use African American inside the manuscript. – **This has been corrected (added abbreviation AA).**  
The authors adequately describe the field and the significance of the study.
4. In the Introduction, some editing should be made; the word "risk" is missing in the 9th sentence of the paragraph. **This has been corrected.**  
The methods were described in adequate detail: clinical characteristics analyzed, echocardiographic measurements, and stress echocardiography. The results are extensively presented, also based on figures and three tables. The authors correctly interpret the results logically and in correlation with the data from the literature of this field.
5. Probably there is a need to improve it by discussing the significance of the results and the relevance to the clinical practice. The paper cites appropriately essential references in this field; unfortunately, just 2 of those 40 are recent (from the last 5 years). **This has been corrected. Two more references have been added for total of 42 references.**  
The study was reviewed and approved by the local ethical review committee, and the manuscript meets the requirements of ethics. Overall, the manuscript is well written, organized. The language and grammar are accurate.
6. There are few typos to be verified, but not essential changes to be made. done
7. The use of abbreviations should be checked. **Use of abbreviations has been checked.**
8. Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs. **This has been checked.**

**9 .ABBREVIATIONS** In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. Now we list the abbreviations rules as follows. **We confirmed the use of abbreviations based on recommendations.**

## EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

### (1) *Science editor:*

1 Scientific quality: The manuscript describes a retrospective study of the prognostic value of left atrial size in hypertensive African Americans undergoing stress echocardiography. The topic is within the scope of the WJC.

(1) Classification: Grade C;

(2) Summary of the Peer-Review Report: The paper is well written, but need some minor revision: **Editing, improvement in discussions to emphasize the significance of their findings for the clinical practice.** The questions raised by the reviewers should be answered; and (3) Format: There are 3 tables and 2 figures. (4)

References: A total of 40 references are cited, including 2 references published in the last 3 years; (5) Self-cited references: **There are 2 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e., those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated** **Of the 42 references, we have only two that are self-cited, of which one is from guidelines);**

and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to [editorialoffice@wjgnet.com](mailto:editorialoffice@wjgnet.com). The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade B. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, and the Institutional Review Board Approval Form. Written informed consent was waived. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. The topic has not previously been published in the WJC. The corresponding author has not published articles in the BPG. 5 Issues raised:

(1) I found no "Author contribution" section. Please provide the author contributions; **This has been added.**

(2) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; **These have been added.**

(3) I found the authors did not write the "article highlight" section. Please write the "article highlights" section at the end of the main text; **These have been added.**

(4) the author should number the references in Arabic numerals according to the citation order in the text.

The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces; 6 Re-Review: Not required. **Citation reference numbers have been superscripted.**

7 Recommendation: Conditionally accepted.

**(2) Company editor-in-chief:** I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Cardiology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Of note, of the seven authors, four are at other institutions and one author did not sign the copyright license in the allotted time.

Sincerely,



Abhishek Khemka, MD, MBA