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ANSWERS TO PEER-REVIEW REPORT

Dear editorial and reviewers.

We have edited the manuscript considering all the comments and suggestions by you. We hope now it can be considered suitable to be published in the prestigious WJC.

Respectfully,
The authors

Name of journal: *World Journal of Cardiology*

Manuscript NO: 73325

Title: Global Longitudinal Strain overcomes ejection fraction for detecting myocardial dysfunction in End-Stage Renal Disease with hyperparathyroidism.

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02623966

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Attending Doctor, Research Scientist

Reviewer's Country/Territory: Greece

Author's Country/Territory: Mexico

Manuscript submission date: 2021-11-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-04 17:47

Reviewer performed review: 2021-12-04 17:47

Review time: 1 Hour

Scientific quality	☐ Grade A: Excellent ☒ Grade B: Very good ☐ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Language quality	☐ Grade A: Priority publishing ☒ Grade B: Minor language polishing ☐ Grade C: A great deal of language polishing ☐ Grade D: Rejection
Conclusion	☐ Accept (High priority) ☒ Accept (General priority) ☐ Minor revision ☐ Major revision ☐ Rejection
Re-review	☒ Yes ☐ No
Peer-reviewer statements	Peer-Review: ☐ Anonymous ☒ Onymous Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

It is a well-design study adding new information to the literature. According to my knowledge, it is a novel paper in its field opening new horizons for further evidence. Authors, succeed to present their findings in a clear way. In addition, the object as well as the results are appropriately discussed in the context of previous literature explaining the importance of the manuscript in its field. Authors succeed to present their data in a clear way adding information to the existing literature. Therefore, I have no corrections or further work to propose for the improvement of the manuscript and therefore it can be published unaltered.

Response:

Thank you for your comments. I have taken all comments from reviewers and editorial team into account for improving the content of our work.

PEER-REVIEW REPORT

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Manuscript NO: 73325

Title: Global Longitudinal Strain overcomes ejection fraction for detecting myocardial dysfunction in End-Stage Renal Disease with hyperparathyroidism.

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05382551

Position: Editorial Board

Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Spain

Author's Country/Territory: Mexico

Manuscript submission date: 2021-11-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-15 01:18

Reviewer performed review: 2021-12-15 01:57

Review time: 1 Hour

Scientific quality	☐ Grade A: Excellent ☐ Grade B: Very good ☒ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Language quality	☐ Grade A: Priority publishing ☒ Grade B: Minor language polishing ☐ Grade C: A great deal of language polishing ☐ Grade D: Rejection
Conclusion	☐ Accept (High priority) ☐ Accept (General priority) ☒ Minor revision ☐ Major revision ☐ Rejection
Re-review	☒ Yes ☐ No

**Peer-reviewer
statements**Peer-Review: [☒] Anonymous [☐] OnymousConflicts-of-Interest: [☐] Yes [☒] No**SPECIFIC COMMENTS TO AUTHORS**

The article is within the scope of the journal. The topic is interesting for the knowledge area. It is well written and structured. However, some improvements are needed: a) The introduction to the state of the art should be extended. b) The conclusions should better explain what the scientific contribution is and propose a set of future lines of work.

Response:

We have extended the state of art, including some suggestions from reviewers. Also, we edited conclusion section and suggested futures approaches for extending this study.

PEER-REVIEW REPORT

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Manuscript NO: 73325

Title: Global Longitudinal Strain overcomes ejection fraction for detecting myocardial dysfunction in End-Stage Renal Disease with hyperparathyroidism.

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00503249

Position: Peer Reviewer

Academic degree: MD

Professional title: Director, Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Mexico

Manuscript submission date: 2021-11-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-15 09:33

Reviewer performed review: 2021-12-20 09:38

Review time: 5 Days

Scientific quality	☐ Grade A: Excellent ☐ Grade B: Very good ☐ Grade C: Good ☒ Grade D: Fair ☐ Grade E: Do not publish
Language quality	☐ Grade A: Priority publishing ☐ Grade B: Minor language polishing ☒ Grade C: A great deal of language polishing ☐ Grade D: Rejection
Conclusion	☐ Accept (High priority) ☐ Accept (General priority) ☐ Minor revision ☒ Major revision ☐ Rejection
Re-review	☒ Yes ☐ No

**Peer-reviewer
statements**

Peer-Review: [☒] Anonymous [☐] Onymous

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

This paper by Carrasco-Ruiz et al., entitled “Global Longitudinal Strain overcomes ejection fraction for detecting myocardial dysfunction in End-Stage Renal Disease with hyperparathyroidism” demonstrates in a small study the superiority of GLS on EF to identify LV dysfunction in asymptomatic patients with ESRD. It remains unclear why Authors emphasized the presence of hyperparathyroidism, that is usually common in ESRD patients as a consequence of ESRD.

Point to point response:

We have extended the state of art. Also, we edited for highlighting the relevance of common hyperparathyroidism since the concentration of serum PTH seems to be an attractive complement for prognosis.

Specific Comments

1. Left atrial volume (LAV) was reported in the literature as an important tool predicting diastolic dysfunction in ESRD patients (Tripepi G. et al. J Am Soc Nephrol 2007; Hypertension 2009). Data on LAV should be included in Table 5 and compared with those of the above mentioned references; also they should be tested as a variable potentially influencing GLS (Table 4).

We have mentioned the relevance of others data as LAV, also we have included the mentioned references.

2. Natriuretic peptides (NPs) were reported to be linked to cardiac remodeling (Cataliotti A. et al., Mayo Clin Proc 2001), survival (Zoccali C. et al., J Am Soc Nephrol 2001) and volume expansion-related left ventricular disorders (Enia G. et al. Nephrol Dial

Transplant 2001) in patients with ESRD. Their well recognized diagnostic role in ESRD patients should be recalled, as previously emphasized (Mallamaci F. et al., Kidney Int 2001). Did Authors measure NPs?

We did not measure NPs. However, we have mentioned the potential role of NPs in the discussion, and we have included references supporting it.

3. Sympathetic overactivity was reported to be strictly linked to left ventricular disorders and volume excess in ESRD patients (Abd ElHafeez S. et al. J Nephrol 2015). This concept should be argued in the Discussion, as one of the most important pathophysiological mechanisms leading to LV dysfunction in these patients.

We have included such information in introduction and discussion sections.

4. Discussion should be reorganised, mostly focused on the superiority of GLS on EF to identify LV dysfunction.

We have edited to remark this point as core of discussion.

5. Taable 5: Cociente E/é should actually run as E/e' ratio.

We have edited for adequate expression.

6. In the title the word “overcomes” should be changed in “superior than”.

Thank you! We have edited as is suggested by you.

7. Extensive English revision is needed.

We have revised the entire manuscript to avoid typing, grammar or punctuation mistakes.



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(1) Science editor:

This manuscript discusses the diagnosis of subclinical ventricular dysfunction by GLS echocardiography. This manuscript is novel, and it is suggested to further enrich the introduction and discussion including the superiority of GLS to ef to identify left ventricular dysfunction.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

(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. 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. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Thank you for considering our manuscript to be included in WJC. We have attended the comments and requirements. We hope our edited version will be suitable to publishing.