

ESPS Peer-review Report
Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8467

Title: Alcoholic Cardiomyopathy

Reviewer code: 00214269

Science editor: Su-Xin Gou

Date sent for review: 2013-12-28 21:24

Date reviewed: 2013-12-30 11:34

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The authors present a timely and important summary concerning the research on alcoholic cardiomyopathy. While potentially suitable for publication in the journal, the manuscript in its current form suffers from extensive non-idiomatic use of English. Examples include: "Alcohol is the most frequently consumed drug", "Globally, and especially over the age of 65 years", and "only a few studies have investigated the effects of alcohol at heart level". The authors are encouraged to revise their manuscript to reflect a more standard use of English.

ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8467

Title: Alcoholic Cardiomyopathy

Reviewer code: 01964825

Science editor: Su-Xin Gou

Date sent for review: 2013-12-28 21:24

Date reviewed: 2014-01-01 23:26

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Dr. Guzzo-Merello and colleagues have to be congratulated for the well-structured and well-written review article on alcoholic cardiomyopathy. The manuscript should merit publication, only few comments: The authors should think of restructuring the beginning of the manuscript, since the very interesting and well-written historical part could be an interesting point to start from, then continuing with the epidemiology etc. Section Epidemiology: Some redundancy, if no redundancy in the following two statistics, they should be differentiated more precisely Is it really 3-47% or did you mean 23-47% (see fig 1). Is it really 23-37% or did you mean 23-47% (see fig. 1). Historical Section: in the last paragraph lit#27 was cited, the authors should mention that the facts are based on n=14 and the article concluded recovery in "most" but not "all" patients after withdrawal. Epidemiological section: The authors should think of a similar comparison in the Fernandez-Sola data, e.g. 1:200 - 1:400 versus 1:2000 - 1:3000 or both in percent. Withdrawal effects section: in the last paragraph the authors should discuss potential useful biomarkers for drinkers and adherence of abstinence, further the authors could suggest standardized assessment of conceivable confounders, e.g. nicotine, neoplasia etc. The authors could add a limitations section or address the following points in the manuscript separately: how about the impact of social status / gender? how about compliance of alcoholics with comorbid conditions, especially myocarditis. Is it not possible, that alcoholics more often have untreated myocarditis of unknown origin resulting in DCM? was the abstinence controlled effectively enough in the DCM controls? Table 1: Typo: LVEDV and not EDLVV Fig 1: Abbreviations need to be explained in the legends Is it "Prevalence of ACM among IDCM" or is it not more correct "Prevalence of heavy alcohol intake among patients with IDCM"?

ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8467

Title: Alcoholic Cardiomyopathy

Reviewer code: 00227375

Science editor: Su-Xin Gou

Date sent for review: 2013-12-28 21:24

Date reviewed: 2014-01-04 16:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is a systematic review about the alcoholic cardiomyopathy. The authors reviewed the definition, evidence, epidemiology, treatment, and prognosis. Though this manuscript is nicely structured and well written, several minor mistakes remained in this manuscript. Please consider the following comments.

(Comments) 1.Text Regarding individual susceptibility based on alcohol metabolism, data are scarce but provocative findings arose from a study published in 2002 in which it was shown that the cardio depressive power of alcohol in mice varied according to the activity of the enzymes involved in the metabolism of alcohol (66). In this study, alcohol caused a greater impairment of cardiomyocytes in genetically modified mice with higher alcohol dehydrogenase activity. The mechanism by which cardiac damage occurred was not fully elucidated but it was proposed that it was due to the accumulation of acetaldehyde. Furthermore, mice that received an aldehyde dehydrogenase inhibitor suffered an additional impairment of contractility (66). I think the authors probably make a mistake. These contents relate to reference No. 67. 2.Reference No. 40 Mathews EC Jr GJ, Henry WL, Del Negro AA, Fletcher RD, Snow JA, Epstein SE. Correct to "Mathews EC Jr, Gardin JM, Henry WL, Del Negro AA, Fletcher RD, Snow JA, Epstein SE." 3.Figure 2 Correct "Glucogen" to "Glycogen" Correct "American heart Association" to "American Heart Association"

ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8467

Title: Alcoholic Cardiomyopathy

Reviewer code: 02457934

Science editor: Su-Xin Gou

Date sent for review: 2013-12-28 21:24

Date reviewed: 2014-01-14 21:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The review written by Guzzo-Merello, title "alcoholic cardiomyopathy", is very interesting. I have some comments as follow: Main problems: 1. As the author mentioned in the Tab. 1, the two clinical trials (Prazak, Eur Heart J. 1996;17:251-7; Gavazzi, Am J Cardiol. 2000 ;85:1114-8.) used the LVEF<50% as enrollment standard as ACM, do you think it is still suitable now to diagnose DCM (or ACM) or LVEF<45% is more suitable? It is better to add such information on the definition left ventricular systolic dysfunction in DCM. 2. As you mentioned in the review, there was some ACM patients among IDCM patients, is there some data to show the difference in prognosis between patients with ACM and patients with ACM+IDCM? 3. The genetic factor in ACM might need be added, such as genetic polymorphisms, gene mutation like the ADH1B(*)2, ALDH2(*)2, CYP2E1 c2, ect. Minor problems: 1. There is just one sentence in some paragraphs, maybe it is more suitable to conmerged into another one; 2. There are a few mistaken typographical errors in the manuscript such as PEP/LVET (page 12, line 15). 3. Oz is refer to ounce and 1oz=28.35g or 1 oz=28.41 ml, maybe it is need to explain for reader to understand. 4. In the paragraph (page 10, line 10)- "Evidence linking excessive Alcohol Consumption and DCM-In the past, the existence of a direct causal link between excessive alcohol consumption and the development of DCM was a controversial issue. While some considered that this toxin alone was able to cause such a disease, others contended that it was just a trigger or an agent favouring DCM", it will be better to add the references. 5. The P value will be added in the sentence, "This is the only study describing the existence of a direct linear relation between accumulated alcohol consumption throughout life and left ventricular mass(r=0.42), fractional shortening (r=0.35), and ejection fraction(r=0.46)." (page 6, line 20).

ESPS Peer-review Report
Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8467

Title: Alcoholic Cardiomyopathy

Reviewer code: 02510354

Science editor: Su-Xin Gou

Date sent for review: 2013-12-28 21:24

Date reviewed: 2014-01-19 03:06

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

I have enjoyed reading the this article. Some of the paragraphs are too long. Hereby my remarks: 1. Please revise the entire manuscript for English language edits 2. the paragraph "Amount of alcohol required to produce ACM" is too long. Please shorten and stress the most important message. 3. The sentence "has been considered that an amount of 80 grams a day during at least 5 years is sufficient to produce the disease (9-12)". Has been repeated 2 times, redundant please remove 1. 4. The paragraph "Epidemiological studie" is too long. Please summarize. 5. Under "Experimental studies" you used the term "pre-load and post-load conditions". You mean pre-load and after-load ? 6. "PEP/LVET" is an abbreviation of ? In general there are many authors names, number of patients, years of follow up etc in each paragraph. Although correct, it makes such paragraph less interesting for the reader. In general readers are interested in summarized positive findings against the negative and a conclusion. For example: Paragraph "Echocardiographic and haemodynamic studies in alcoholics" Paragraph "Natural History of Alcoholic Cardiomyopathy" Paragraph "Effects of Alcohol withdrawa"l