

## PEER-REVIEW REPORT

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

**Manuscript NO:** 81584

**Title:** Fractional flow reserve measured via left internal mammary artery after coronary artery bypass grafting: report of 2 cases

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05199192

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Attending Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-11-16

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-16 07:15

**Reviewer performed review:** 2022-11-22 16:19

**Review time:** 6 Days and 9 Hours

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|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scientific quality | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| Language quality   | <input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing<br><input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| Conclusion         | <input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority)<br><input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| Re-review          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |

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|-------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Peer-reviewer<br/>statements</b> | Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous |
|                                     | Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No  |

## SPECIFIC COMMENTS TO AUTHORS

1. The left internal mammary artery (IMA), with many branches along its course, is anatomically and relatively long and thin. Using IMA to measure its blood flow reserve fraction (FFA) could be greatly variable and uncertain for repeatability. If the FFR of case 1 is measured again, will it be lower than 0.8, so that balloon dilation intervention is not required? The FFR measured by IMA is based on the invasive examination of intervention. The article does not mention whether FFR measured by IMA is different from FFR measured by cardiac color Doppler, and what the advantages of FFR measured by intervention compared with FFR measured by cardiac color Doppler are. 2. Two patients with recurrent chest tightness after coronary artery bypass graft (CABG) were reported in this case. The FFA of the left IMA was directly measured based on coronary angiography to comprehensively evaluate the degree of myocardial ischemia, and the next treatment was guided by the degree of myocardial ischemia, which has certain innovation and clinical application value. However, as the focus of this case report was to guide further treatment, the evaluation of the treatment effect of the two patients was incomplete only with the obvious relief of symptoms of chest tightness and shortness of breath, and no long-term follow-up was conducted for the two patients. The article only describes the situation of the patient within one week of hospitalization, and it is not excluded that the patient of case 2 treated with drugs had chest pain again after discharge. It's not convincing to conclude that the FFR measurement via the left internal mammary artery is a good intervention decision only based on the simple description of the two cases.

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**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03764245

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-11-16

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2023-01-06 05:59

**Reviewer performed review:** 2023-01-06 07:02

**Review time:** 1 Hour

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|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scientific quality                          | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish |
| Novelty of this manuscript                  | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair<br><input type="checkbox"/> Grade D: No novelty                                                 |
| Creativity or innovation of this manuscript | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair<br><input type="checkbox"/> Grade D: No creativity or innovation                                |

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| <b>Scientific significance of the conclusion in this manuscript</b> | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair<br><input type="checkbox"/> Grade D: No scientific significance                                         |
| <b>Language quality</b>                                             | <input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| <b>Conclusion</b>                                                   | <input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority)<br><input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection          |
| <b>Re-review</b>                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                          |
| <b>Peer-reviewer statements</b>                                     | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous                                                                                                                                                  |
|                                                                     | Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                   |

## SPECIFIC COMMENTS TO AUTHORS

Paper ok to observe that IMA grafts, after CABG, (FFR measurement) is a good method to determine whether to intervene. To Improve: 1. Introduction deficient to define problem statement and its current status. 2. Case presentation doesn't identify vital details like place of work and data obtained and others like ethical issues 3. Minor grammatical revision required