

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 32453

Title: Ticagrelor therapy and atrioventricular block: Do we need to worry?

Reviewer's code: 02469584

Reviewer's country: Croatia

Science editor: Fang-Fang Ji

Date sent for review: 2017-01-12 09:49

Date reviewed: 2017-01-16 17:02

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> [Y] Accept
<input checked="" type="checkbox"/> [Y] Grade B: Very good	<input checked="" type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> [] The same title	<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"/> [] Duplicate publication	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> [] Grade D: Fair	<input type="checkbox"/> [] Grade D: Rejected	<input checked="" type="checkbox"/> [Y] No	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> [] Grade E: Poor		BPG Search:	<input type="checkbox"/> [] Major revision
		<input type="checkbox"/> [] The same title	
		<input type="checkbox"/> [] Duplicate publication	
		<input type="checkbox"/> [] Plagiarism	
		<input checked="" type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

I have no objections to this editorial.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 32453

Title: Ticagrelor therapy and atrioventricular block: Do we need to worry?

Reviewer's code: 01483111

Reviewer's country: South Korea

Science editor: Fang-Fang Ji

Date sent for review: 2017-01-12 09:49

Date reviewed: 2017-01-23 22:40

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

none

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 32453

Title: Ticagrelor therapy and atrioventricular block: Do we need to worry?

Reviewer's code: 02446589

Reviewer's country: Turkey

Science editor: Fang-Fang Ji

Date sent for review: 2017-01-12 09:49

Date reviewed: 2017-01-24 15:34

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Several P2Y₁₂ receptor inhibitors such as clopidogrel, prasugrel and ticagrelor have been widely used for prevention of thrombotic events and provide substantial clinical benefit. However as it was presented in this case, they may exert some serious adverse effects. Therefore dissemination of such cases by publication of papers is highly important for professionals.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 32453

Title: Ticagrelor therapy and atrioventricular block: Do we need to worry?

Reviewer's code: 02446698

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2017-01-12 09:49

Date reviewed: 2017-01-26 18:29

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input 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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

In this paper Authors report about two personal cases of paroxysmal bradyarrhythmia associated with Ticagrelor, a recently introduced non-thienopyridine P2Y₁₂ platelet receptor inhibitor and hence a potent antiplatelet drug. The two patients involved were affected by an acute coronary syndrome (ACS): one of them was also treated with a beta-blocker, and the other one developed persistent AV block needing positioning of a pacemaker. The description of the two cases is supported, in the paper, by the description of five additional, similar cases, already described in the literature by other Authors. Comprehension and explanation of the problem is sound and the case-report is interesting. However, I have some comments and suggestions, whose answer will enhance the value of this paper - For chapter subdivision and denomination I suggest to follow the indications of the Editor. - I suggest also to avoid the impression that Authors describe 7 cases. The 5 cases of the literature should be presented more concisely, and in somewhat less detail, perhaps in the some chapter with the "overview". - Clearly, in the discussion the 5 additional cases may enforce the observations made in Authors' own cases. - It is evident that all (5+2) cases had ACS. Most, if not all, were on beta-blockers (bisoprolol), and could therefore be considered at high risk of bradyarrhythmic

complications. Please comment. - Authors could widen their reasoning by considering at least three more papers, two of which so recent that could probably not be seen, but that can now be quoted: a) Johnston SC et al NEJM 2016 (on patients after stroke or TIA); b) Ariotti S et al, Curr Cardiol Rep 2017 (on patients with previous AMI); Hiatt WR et al. NEJM 2017 (on patients with PAD). - In this way Authors could enrich the discussion including the observation of these adverse effects in populations with more stable cardiovascular conditions. In fact, the bradyarrhythmic adverse effects are likely less frequent in more stable or less severe cardiovascular patients. Authors could comment about this possibility that might influence the clinical use of the drug.