

**ESPS Peer-review Report****Name of Journal:** World Journal of Radiology**ESPS Manuscript NO:** 9085**Title:** The role of Cardiac CTA in estimating ventricular volumes and LVEF.**Reviewer code:** 02604132**Science editor:** Ling-Ling Wen**Date sent for review:** 2014-01-20 22:49**Date reviewed:** 2014-02-09 21:29

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 checked="" type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input checked="" 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**

1. The paper addressed very interesting topics. The additional use of cardiac CTA is practical and it will contribute to future's clinical procedure. I have simple question regarding the delineation of intra-ventricle. Actually, both the systolic ventricular volume and diastolic ventricular volume are not consistent. The author needs to address the variability and reproducibility for in calculating ventricular volume. 2. Although the author mentioned the drawback of estimating LVEF by SPECT procedure, it is not relevant. Because the estimation of end-cardial contour is done by radio-active count. Anatomical resolution is not always so important. In addition, the reproducibility for calculation by SPECT is excellent. 3. Please mention the limitation of the calculation for patients with arrhythmia. 4. The title should be changed to 'The role of Cardiac CTA in estimating left ventricular volumes and Ejection Fraction'.

# ESPS Peer-review Report

**Name of Journal:** World Journal of Radiology

**ESPS Manuscript NO:** 9085

**Title:** The role of Cardiac CTA in estimating ventricular volumes and LVEF.

**Reviewer code:** 02874819

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-01-20 22:49

**Date reviewed:** 2014-02-23 16:21

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 checked="" type="checkbox"/> Grade C (Good)	<input checked="" 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

Comment to Authors -The work is very interesting and useful in clinical practice, indeed ischemic heart disease is the leading cause of death in industrialized countries and multidetector CT will help identify asymptomatic individuals with subclinical disease. -Cardiovascular disease is the leading cause of morbidity and mortality of chronic kidney disease, so these patients will be among the leading candidates to use this cardiovascular diagnostics. -There is no specific mention of the risk of nephrogenic systemic fibrosis in the cardiac MRI performed to patients with renal failure (Nacif MS, Arai AE, Lima JA, Bluemke DA. Gadolinium-enhanced cardiovascular magnetic resonance: administered dose in relationship to United States Food and Drug Administration (FDA) guidelines. J Cardiovasc Magn Reson. 2012 Feb 29;14:18.) -Should be given more emphasis to the risk of development of Contrast-induced nephropathy (CIN), indeed the development of CIN is associated with an increase in the length of hospital stay and the risk of death. Preexisting renal dysfunction, age, diabetes, congestive heart failure and the volume of CM administered are all associated with a risk for developing CIN. (Aurelio A1, Durante A. Contrast-Induced Nephropathy in Percutaneous Coronary Interventions: Pathogenesis, Risk Factors, Outcome, Prevention and Treatment. Cardiology. 2014 Feb 18;128(1):62-72., Schilp J1, de Blok C, Langelaan M, Spreeuwenberg P, Wagner C. Guideline adherence for identification and hydration of high-risk hospital patients for contrast-induced nephropathy. BMC Nephrol. 2014 Jan 6;15(1):2.) -The figures reported in the work are of remarkable effect. -There is no specific reference to the calcium score