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PEER-REVIEW REPORT

Name of journal: World Journal of Radiology
Manuscript NO: 35481
Title: Endovascular treatment of pulmonary embolism: Selective review of available techniques
Reviewer's code: 02348457
Reviewer's country: China
Science editor: Fang-Fang Ji
Date sent for review: 2017-07-20
Date reviewed: 2017-07-20

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors reviewed in detail pulmonary embolism and the endovascular treatment of pulmonary embolism. I suggest that the imaging tests of pulmonary embolism and imaging-guiding of the endovascular treatment should be included to strengthen the understanding of pulmonary embolism.

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PEER-REVIEW REPORT

Name of journal: World Journal of Radiology
Manuscript NO: 35481
Title: Endovascular treatment of pulmonary embolism: Selective review of available techniques
Reviewer's code: 00604620
Reviewer's country: United Kingdom
Science editor: Fang-Fang Ji
Date sent for review: 2017-07-20
Date reviewed: 2017-07-24

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[Y] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The introduction contains some inaccuracies. The manuscript would be improved if the following issues are taken into consideration: - What is the prevalence of major PE with right ventricular dysfunction? - The clot burden and its pathophysiological effects crucially depend on the "reserve" of the patient; hence, older patients are at greater risk of dying from relatively small PE and less than 15% of patients with PE will suffer pulmonary infarction due to failure of the bronchopulmonary anastomoses. - Less than 4-7% of all patients with an acute PE event will develop pulmonary hypertension (CTEPH). Many patients with CTEPH will only have distal obstruction with clear central vessels, and in fact, may not be diagnosed unless a lung biopsy is performed. The treatment here is purely medical, and ultimately may lead to heart/lung transplant. - I agree that non-thrombotic emboli may occur, but this would NOT be a topic for this manuscript (unless perhaps an embolized IVC filter needs retrieval. - Again, when

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talking about clinical presentation, cardiovascular collapse may occur without there being a central massive PE (see above, it depends on "reserve"). - The clinical presentation fails to mention echocardiography or CT pulmonary angiography, which tend to be first line tests that are now more common than VQ scintigraphy (particularly due to their 24 hours availability). These days, either one of these tests tends to be performed prior to any other therapeutic intervention. - Medical treatment can be omitted, as this is NOT the topic of this manuscript. - Surgical embolectomy is hardly available in many centers, and certainly not in the vast majority of regional hospitals. In my experience of over 30 years in this field, I have only come across 2 cases (and this is across four major academic centers in Europe and the USA). I certainly would not see this as a viable option unless all other methods fail and following transfer to a specialized unit. - The authors describe the various methods, but fail to show the EVIDENCE. It would be useful to have a Table for each method, describing the literature (such as number of patients, types of PE, outcomes). As the manuscript is currently written, it becomes a postage stamp collection of techniques, which doesn't provide real evidence of the techniques for the benefit of outcomes. - Some of the literature, particularly related to pathophysiology and clinical presentations, is quite outdated and could be updated. - Perhaps a paragraph on how you actually diagnose these cases would be useful, as NONE of these patients would undergo any of the procedures based on clinical presentation alone (see also comment above).

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PEER-REVIEW REPORT

Name of journal: World Journal of Radiology
Manuscript NO: 35481
Title: Endovascular treatment of pulmonary embolism: Selective review of available techniques
Reviewer's code: 02577402
Reviewer's country: China
Science editor: Fang-Fang Ji
Date sent for review: 2017-07-20
Date reviewed: 2017-07-28

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Well done.

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PEER-REVIEW REPORT

Name of journal: World Journal of Radiology
Manuscript NO: 35481
Title: Endovascular treatment of pulmonary embolism: Selective review of available techniques
Reviewer's code: 00289440
Reviewer's country: Iran
Science editor: Fang-Fang Ji
Date sent for review: 2017-07-20
Date reviewed: 2017-07-30

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Dear editorial according to manuscript Id:35481 Manuscript Title: Endovascular Treatment of Pulmonary Embolism: Selective Review of Available Techniques the authors reviewed pathophysiology and clinical presentation of PE, different medical and surgical treatment of the condition, and describe in detail the tools that are available for the endovascular therapy of PE. they also reviewed the literature available to date on these methods, and describe the function of the Pulmonary Embolism Response Team (PERT). this is a well written, comprehensive review article without need for revision.

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PEER-REVIEW REPORT

Name of journal: World Journal of Radiology
Manuscript NO: 35481
Title: Endovascular treatment of pulmonary embolism: Selective review of available techniques
Reviewer's code: 02835073
Reviewer's country: Turkey
Science editor: Fang-Fang Ji
Date sent for review: 2017-07-20
Date reviewed: 2017-07-30

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

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