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## PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

Manuscript NO: 65983

Title: Percutaneous coronary intervention of totally occluded coronary venous bypass

grafts: An exercise in futility?

Reviewer's code: 00214240 Position: Editorial Board Academic degree: MD, PhD

**Professional title:** Doctor, Professor

Reviewer's Country/Territory: Belgium

**Author's Country/Territory:** United States

Manuscript submission date: 2021-03-23

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-03-28 11:36

Reviewer performed review: 2021-04-05 07:16

**Review time:** 7 Days and 19 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No



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## SPECIFIC COMMENTS TO AUTHORS

retrospective study evaluating outcome of PCI in occluded vein grafts results show that this could be an option in some patients, the PCI of the vein graft is always rather disappointing, what is the timing of the study period, how many years of inclusion what is this meaning as a percentage of the whole PCI procedures in your institution? biggest problem/criticism is of course selection bias, the reason this option was made in stead of tackling the native vessel do you have any idea how many patients presented with occluded vein grafts and another strategy, native vessel PCI, was done? how was the duration of the occlusion evaluated? how did you define the occlusion grade :acute, subacute and late? how did you evaluate that? was the procedural success and the outcome linked to the clinical presentation? do you any data on angiographic results over time it seems that the option for treatment of an occluded vein in the setting of ACS is feasible and that probably the selection of patients is depending on the acute clinical presentation and the co-morbidities of the patient and the possible alternative treatment possibilities.