

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Cardiology*

**Manuscript NO:** 65958

**Title:** Arrhythmic risk stratification in Organic Cardiomyopathy: a two-step multifactorial, EP inclusive approach.

**Reviewer's code:** 03192175

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2021-03-18

**Reviewer chosen by:** Ze-Mao Gong

**Reviewer accepted review:** 2021-07-29 16:41

**Reviewer performed review:** 2021-08-03 18:23

**Review time:** 5 Days and 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<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) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input 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**

The manuscript is a review article describing 2-step arrhythmic risk stratification (ARS) for selection of high risk patients with non-ischemic (familial) cardiomyopathies (DCM and HCM) for ICD treatment to prevent life-threatening arrhythmias and unfavorable outcome such as SCD. The topic is interesting for readers and frankly is in need for care and management of high risk patients with ischemic and non-ischemic cardiomyopathy. The authors are asked to perform a revision of the manuscript addressing the following comments: Major comments: 1. The term “organic” should be changed to “non-ischemic”, “primary”, “remodeling” or any other terminology that is accepted worldwide and used for classification of heart muscle diseases (WHO, or American or European heart associations or societies). 2. Introduction: Fibrosis one of many causes such as ischemia, apoptosis, autophagy, ROS, etc. for rhythm disturbance. Please correct the sentence: “The common substrate for this rhythm disturbance in organic heart disease is myocardial fibrosis[5].” To “One of common substrates....”. 3. The value of the left ventricular ejection fraction...” Section: The sentence: The question is reasonable: why LVEF, an anatomic-functional index per se, also predicts future arrhythmic events[13]?” does not correlate to the statement about fibrosis (see above in the Introduction). These two disparate statements should be discussed and clarified. 4. The statement: “instead of using LVEF, which is of limited sensitivity and specificity...” this phrase needs to be rewritten according to the previous statement: “LVEF quantifies the impaired left ventricular anatomic functionality but it also reflects the subsequent electrical instability, predisposing to VT/VF[13].” For example, the phrase can be changed to “In addition to using LVEF, which...” or “combining the LVEF parameters with additional personalized prognostic ARS effective for prevention....” 5. Need brief conclusion section. 6. Abbreviations should be systematized throughout the article.