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ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 4900

Title: Positive influence of aspirin on coronary endothelial function—Importance of the dose

Reviewer code: 00225361

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-07-31 23:39

Date reviewed: 2013-08-01 21:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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 type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	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

Good work

ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 4900

Title: Positive influence of aspirin on coronary endothelial function—Importance of the dose

Reviewer code: 00253930

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-07-31 23:39

Date reviewed: 2013-08-28 05:52

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" 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 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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The authors explored the response to acetylcholine (ACh) and nitroglycerin of patients receiving low (100 mg/day) or high (500 mg/day) dose of aspirin, or no aspirin at all. The data show that patients on low dose of aspirin demonstrated more robust vasodilation in response to higher (30 ug) ACh than other groups. The authors conclude that low dose of aspirin improves coronary arterial function in patients with angiographically normal coronary arteries. The authors should be commended for measuring numerous parameters to properly characterize their cohorts. The conclusions appear to be justified by the data. The manuscript is clearly written in good English. However, the authors need to provide an explanation why they consider vasodilation as coronary endothelial function and correct a typo. 1. The authors keep referring to vasodilation as coronary endothelial function. They should explain why, as vessel diameter is determined by the tone of smooth muscles around it, rather than by the endothelium. 2. The statement on p. 14 “However, changes in coronary artery diameter in response to ACh infusion were reduced in Group Ia compared with those in Group Ib ($p = 0.0231$)” contradicts statements elsewhere in the manuscript and the data in Table 4, which imply that patients receiving lower dose of aspirin (Group Ia) were more responsive to ACh. This appears to be a typo that must be corrected. 3. Contribution statement says: “Y. Kihara approved the final version of the manuscript”. Is this sufficient for the authorship?

ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 4900

Title: Positive influence of aspirin on coronary endothelial function—Importance of the dose

Reviewer code: 00289715

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-07-31 23:39

Date reviewed: 2013-09-06 02:02

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 type="checkbox"/> Grade C (Good)	<input 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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Low dose aspirin has been widely used to prevent cardiovascular events, mainly thought through the inhibition of thromboxane A2 in platelets, and prevent thrombosis. In the last decade, there is a growing evidence to show that aspirin can also improve endothelial function in blood vessels. However, evidence of aspirin effect on the endothelial function of coronary arteries is still lacking. In this manuscript, the authors measured the ACh-induced endothelium-dependent vasodilation and nitroglycerin-induced endothelium-independent vasodilation of the coronary artery in the patients with chest pain but with angiographically normal coronary arteries. Their results demonstrate that low dose aspirin exhibited higher ACh-induced coronary artery dilation than that in high dose and control groups, suggesting it can improve coronary endothelial function in these patients. General Comments: The research is important in that it provides new evidence of aspirin effect on the endothelial function of the coronary artery. The experiments are well designed with good controls matched with age, gender, body mass index, coronary risk factors, medications, left ventricular function, as well as many biochemical parameters. The study also excluded many apparent heart diseases, making the sampled population more homogenous. Paper is well organized. However, in result section, there are a few mistakes (see below for detail). The author also discussed limitation for small sample size of group Ib, and other limitations. The conclusion is appropriate. Specific comments: 1. In the introduction or method section, it should have some background about endothelium-dependent and -independent vasodilation, so that readers from other fields can understand the meaning of all these measurements and their relationship to endothelial function. 2. The sample size for each group in the Abstract does not match that in the Methods and result section. For example, in the Abstract, group I has 61 patients (Ia: n=48), and group II has 75 patients.

However, in the methods section, group I has 63 patients (Ia: n=50), and group II has 76 patients. This would clearly influence all the subsequent measurements and statistics. Please double check the numbers and make corresponding corrections. 3. Table 3: Ach should be written as ACh. 4. Page 13 line 14. "Changes in coronary artery diameter in response to ACh infusion were reduced in Group II compared with those in Group I ($p = 0.0043$).". Please clarify ACh infusion rate for the change. The p value (0.0043) does not match that in Table 3 (0.0030). Please explain the mismatch. 5. Page 14, lines 3-4. "However, changes in coronary artery diameter in response to ACh infusion were reduced in Group Ia compared with those in Group Ib ($p = 0.0231$)". This statement is incorrect. Group Ia and Group Ib should be swapped, and the p value does not match that in Table 4 (0.0123), and also please specify the ACh infusion rate and percent change.