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ESPS Peer-review Report
Name of Journal: World Journal of Cardiology
ESPS Manuscript NO: 3803
Title: Coronary-cameral fistulas in adults: acquired types. Review: (Second of two parts)(part II)
Reviewer code: 00070848
Science editor: Wen, Ling-Ling
Date sent for review: 2013-05-24 15:29
Date reviewed: 2013-07-31 03:49

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
This paper needs further revision: 1. Key words need better classification. What does “adults” mean as a keyword? 2. Cover letter is related to another paper! 3. The authors should discuss further the relation of coronary cameral fistulas with myocardial ischemia. While some papers relate myocardial ischemia and myocardial infarction as causes of CCFs, coronary cameral fistula itself is one of the reasons of coronary steal that causes myocardial ischemia (see and include in the discussion: Cihan Sengul, Recep Ciftci, Furkan Ubeydullah Ertem, Cihan Cevik. Coronary Cameral Fistula: A Rare Cause of Coronary Ischemia. ACHAIKI IATRIKI 2012; 31:159-161)

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ESPS Peer-review Report
Name of Journal: World Journal of Cardiology
ESPS Manuscript NO: 3803
Title: Coronary-cameral fistulas in adults: acquired types. Review: (Second of two parts)(part II)
Reviewer code: 00252373
Science editor: Wen, Ling-Ling
Date sent for review: 2013-05-24 15:29
Date reviewed: 2013-08-05 02:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS
The authors deserve praise for producing an excellent review on acquired coronary-cameral fistulas. In the opinion of this reviewer the following minor changes will further enhance the quality of the manuscript. 1. Please rephrase the first sentence of the manuscript. 2. Please change the section Conclusions from listed format to continuous text.

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ESPS Peer-review Report
Name of Journal: World Journal of Cardiology
ESPS Manuscript NO: 3803
Title: Coronary-cameral fistulas in adults: acquired types. Review: (Second of two parts)(part II)
Reviewer code: 02468825
Science editor: Wen, Ling-Ling
Date sent for review: 2013-05-24 15:29
Date reviewed: 2013-08-09 10:18

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[Y] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

Major comments: 1. The authors could consider adding a flow chart of study selection, which detailed how you screen literatures. Better presented as PRISMA flow chart. 2. The authors should discuss the prognosis of these different types of CCF. 3. In the discussion section, I suggest the author arrange the MS as Etiology and prevalence, mechanism, clinical manifestation, diagnosis, management and prognosis, making it easier to read. 4. I believe the readers will be interested in the following questions, which the authors should emphasize and put them into the conclusion. First, in what kinds of patients should we consider the potential diagnosis of CCF or we could just only find CCF accidentally. Second, in the patients with CCF, who should be treated (and what is preferred treatment, surgical or precutaneous), who should considered medical therapy only. 5. No need to present data in the conclusion, should be concise.

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ESPS Peer-review Report
Name of Journal: World Journal of Cardiology
ESPS Manuscript NO: 3803
Title: Coronary-cameral fistulas in adults: acquired types. Review: (Second of two parts)(part II)
Reviewer code: 00060499
Science editor: Wen, Ling-Ling
Date sent for review: 2013-05-24 15:29
Date reviewed: 2013-08-11 16:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[Y] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ]Rejection
[ ] Grade E (Poor)		[ ] Existed	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

Title: Coronary-cameral fistulas in adults: acquired types. Review: (Second of two parts)(part II) Good analysis, very informative, but needs lot of changes as it is difficult to understand what authors want to say. Needs to rephrase and rearrange the entire article. 1. Introduction.....Need to 'define' CCF first –in each article and then tell about congenital or acquired ones. 2. There is confusion in using terms acquired accidental.....traumatic....accidental....iatrogenic..... 3. "Acquired CCFs are rare disorders which have been reported since 1935".....reference please. " They usually occur when the continuity or the vicinity of a coronary artery is lacerated subsequent to severe blunt or sharp chest trauma." ....here it is said that acquired CCF are only due to trauma ruling out other 2 types.....confusing!. 4. "Acquired types of CCFs may develop secondary to exogenous injuries [3] or endogenous trauma [4".....again confusion.....this should be 'aquired traumatic' type.....not general term 'aquired' CCF. 5. 'Furthermore, these acquired fistulas may be iatrogenic secondary to surgical intervention [5] or subsequent to accidental trauma caused by deceleration [6] or sharp chest injuries [7].'....please rephrase your sentences.....readers get confused what is what.....first classify as 'acquired traumatic' type and .... 'spontaneous' type... then in 'acquired traumatic' type divide into 'acquired traumatic accidental' and 'acquired traumatic iatrogenic types' 6. Methods..... 'Acquired traumatic (accidental or iatrogenic) coronary-cameral fistulas'.....please follow one classification. 7. where is C. should define spontaneous type also in the methods. 8. Results.....'Among the reviewed subjects with acquired fistulas, (7/243= 3%) were traumatic accidental, (67/243= 27%) were traumatic iatrogenic of origin and in (12/243= 5%) spontaneous occurrence developed post-MI'. In the abstract it is 3%, 28% and 4%.....big difference.....Also, it is mentioned.....'among the reviewed subjects with acquired fistulas'.....i.e 84 patients.....but it is calculated for 243

patients.....243 is total CCF including congenital.....do you want to give percentage among all CCF or for only acquired type..... confusing..... 9. 'Acquired traumatic iatrogenic (67/243= 27%)'..... These CCFs involve complication of permanent pacing and implantable cardioverter-defibrillator (ICD) leads, trans-septal puncture, and electro-physiologic procedures (8/243= 3%).....very confusing ...from where did 8/243 come when already you mention in the heading 67/243.....please write up all the values of each etiology with percentages.....so that it is clear what you want to say..... 10. The data of 8 patients (5 male and 3 female) were analyzed...who are they post EP or pacing or pci.....??????? 11. Acquired traumatic iatrogenic:.....this heading is already there in previous paragraph and again this is repeated??????? and you say these occur due to surgical procedures(1%).....what about above procedures?????? then again from 1% prevalence has jumped to 2.1%!!!!!!! 12.]. In 2004, Barcelo et al. reported the percutaneous occlusion of an acquired iatrogenic CCF between LAD and RV [11].....results section is to mention your analysis and results...not to write about other studies or references..... 13. Discussion part need lot of rearranging and more headings and sub classifications. Otherwise it is very confusing to read and understand what authors really want to say. 14. Table 2.....percentages are from your study or other studies?? please give data of your study and not other references.