

ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 3228

Title: Blood Pressure Control, Renal Function Outcome and Predicting Blood Pressure Response after Percutaneous Transluminal Renal Artery Angioplasty and Stenting

Reviewer code: 00060496

Science editor: Gou, Su-Xin

Date sent for review: 2013-04-16 10:12

Date reviewed: 2013-04-24 16:52

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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Prajapati et al report an interesting observational study appraising the impact of renal artery stenting on blood pressure and renal function. Despite the work strengths, we recommend addressing the following comments: 1. Abstract: you state "evaluate poor predictors of BP response after successful PTRA and stenting". This should be changed into "evaluate predictors of poor BP response after successful PTRA and stenting." Accordingly, other typos should be corrected throughout. 2. Discussion: introduce and put into perspective the current and future role of renal sympathetic denervation for resistant hypertension, even in patients with concomitant renal artery stenosis. 3. Provide 95% confidence intervals for all risk estimates. 4. Increase the limitation section. 5. Table 5: change Exp B with odds ratios (OR), and report 95%CI for OR. 6. Figures: add figures showing changes in individual patients over time in SBP, DBP, creatinine, and GFR.

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Name of Journal: World Journal of Cardiology

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Title: Blood Pressure Control, Renal Function Outcome and Predicting Blood Pressure Response after Percutaneous Transluminal Renal Artery Angioplasty and Stenting

Reviewer code: 00227676

Science editor: Gou, Su-Xin

Date sent for review: 2013-04-16 10:12

Date reviewed: 2013-04-29 12:45

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" 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 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

the authors should take especial care in reviewing the manuscript for grammar and spelling. Also especial care in the meaning or clarity of certain sentences is needed, example: the area of procedure, study population and statistical analysis.

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Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 3228

Title: Blood Pressure Control, Renal Function Outcome and Predicting Blood Pressure Response after Percutaneous Transluminal Renal Artery Angioplasty and Stenting

Reviewer code: 02457603

Science editor: Gou, Su-Xin

Date sent for review: 2013-04-16 10:12

Date reviewed: 2013-04-30 04:20

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

COMMENTS TO AUTHORS

It will be a more interesting paper, if the research can draw a conclusion about which parameter could predict the good response of BP control after PTR. I advise the authors to make the sentence more beautiful.

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Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 3228

Title: Blood Pressure Control, Renal Function Outcome and Predicting Blood Pressure Response after Percutaneous Transluminal Renal Artery Angioplasty and Stenting

Reviewer code: 00214274

Science editor: Gou, Su-Xin

Date sent for review: 2013-04-16 10:12

Date reviewed: 2013-05-04 01:41

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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is a study on percutaneous transluminal renal artery dilatation and stenting in a cohort of 86 patients with significant renal artery stenosis. The objective is to evaluate short and intermediate term efficiency of this technique on blood pressure and renal function. General comments: The authors have done a good analysis of their data. The study is interesting, however, I have some remarks on the manuscript and I hope they will help the authors in improving their manuscript. Specific comments: Abstract paragraph: In the objective sub paragraph, I think you mean predictors of poor BP response (instead of poor predictors of BP response) Study population paragraph: Few words on the technique used for blood pressure measurements must be added. You should give more details on the medical therapy, and not only the number of drugs used. Results paragraph: The first paragraph is very long and useless, all the data being clearly detailed in Table 1. For prediction of BP reduction could you explain why 75 patients out of 86 were studied? A paragraph on complications, if any, is necessary. Discussion paragraph: It is not totally surprising that ischemic kidney injury is irreversible and therefore that you could not demonstrate any benefit in renal function. However, you can discuss the potential benefit on stabilization of renal function after improvement in renal perfusion. You introduce the term atherosclerotic renal artery stenosis that was never used before. Have you any other etiology(ies) of renal artery stenosis in your group of patients? If so, please give a list and percentage of etiologies; otherwise you can use the term atherosclerotic renal artery stenosis from the beginning to the end of your study. Furthermore you use the acronym ARAS in your conclusion paragraph. Minor remarks: Some acronyms are defined twice (GFR, BP), some are used only once and therefore useless (ECG, KUB) while FFR is not



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defined. Please check all the acronyms and be sure that they are detailed before use. In the study population paragraph it is not useful to introduce data that will not be studied like clinical examination, fundus examination, ECG, KUB and renal artery Doppler.