

**ESPS Peer-review Report**

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

**ESPS Manuscript NO:** 4315

**Title:** ENTERELY SUBCUTANEOUS CARDIAC DEFIBRILLATOR

**Reviewer code:** 00225356

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-06-27 16:15

**Date reviewed:** 2013-07-09 01:32

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**

The paper by Akerstrom et al is a nice, complete and updated review on the state of the art of the use of subcutaneous defibrillator. The following are suggestions for manuscript improvement. 1.The author should add a table in which they list the best and worst candidates for this type of defibrillator. This will allow to simplify the relative paragraph ("What patients should receive a subcutaneous cardiac defibrillator?") 2.I would stress even more that the post-implant test should be done in these cases and explain the rationale for this, opposite to what happens with TV-ICD, for which routine post-implant test is no longer mandatory and is frequently avoided, without compromising safety. 3.The title should read: "Subcutaneous implantable defibrillator: state-of-the art 2013"

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 4315

**Title:** ENTERELY SUBCUTANEOUS CARDIAC DEFIBRILLATOR

**Reviewer code:** 00214291

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-06-27 16:15

**Date reviewed:** 2013-07-10 03:31

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

The manuscript provides a good overview over current status the subcutaneous cardiac defibrillator. It summarizes the clinical features as well as the results of the major clinical studies concerning this new device. Only minor revisions are needed. 1.) page 8: One limitation of the START trial is the fact that ICDs from three different manufacturers were used, because their detection algorithms are at least slightly different. Therefore, it is problematic to compare the performance of the subcutaneous defibrillator to a cohort of ICDs provided by 3 different manufacturers (e.g. when calculating the sensitivity and specificity). This limitation should be acknowledged. Furthermore, the study does only comprise 64 patients. 2.) S-ICD System Clinical Investigation study: 92 % procedure-related complication-free rate at 180 days. Please provide data about the complications which occurred during follow-up. 3.) Spelling mistakes (e.g. page 5, line 22: manucture\_\_; page 12, line 9: two important studies will are; page 13, line 16: who patients; page 13, line 20: Nevertheless, patient\_

**ESPS Peer-review Report**

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

**ESPS Manuscript NO:** 4315

**Title:** ENTERELY SUBCUTANEOUS CARDIAC DEFIBRILLATOR

**Reviewer code:** 00227638

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-06-27 16:15

**Date reviewed:** 2013-07-17 10:41

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 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**

Akerstrom et al has provided a timely and thorough review of a new ICD technology. The paper is balanced and well written.