

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 11700

Title: Positive airway pressure therapy for heart failure

Reviewer code: 02446337

Science editor: Fang-Fang Ji

Date sent for review: 2014-05-31 15:25

Date reviewed: 2014-05-31 20:17

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The current epidemiology of CV disease (Epidemiology of Cardiovascular Disease in the 21st Century: Updated Numbers and Updated Facts. JCvD 2013;1:1-2) should be mentioned in the intro. The following reports should be included: Schaffernocker T, Morrison J. and Khayat RN. Central Sleep Apnea: From Pathophysiology To Clinical Management. JCvD 2014;32-38. Clin Cardiol. 2014 Jan;37(1):57-65. A mention to the importance of physical activity and beta adrenergic system in HF (Front Physiol. 2013 Aug 12;4:209) should be provided. Equally important, the potential functional role of the cardio-adrenal axis (Hypertension. 2014 Feb;63(2):215-6) should be briefly discussed.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Cardiology

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Title: Positive airway pressure therapy for heart failure

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Science editor: Fang-Fang Ji

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Date reviewed: 2014-06-06 20:55

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"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" 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"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Summary: This review article by Kato and Suda summarized the information in the field of “positive airway pressure therapy for heart failure”. I am sure that following extensive revising or/and rewriting with up-to-date information, this review will be an important contribution to the field. The reviewer has major concerns that can be addressed. Major comments: 1. Generally, an excellent reviewer article was often from a well-respected group in the related field. The authors published few OSA papers. 2. Unfortunately the paper is poorly written, has logic gaps and is confusing and difficult to follow and catch the meaning of whole text and each paragraph. 3. Acute decompensate heart failure (ADHF) as a key word has been pointed out. However, most information was related to the chronic heart failure (CHF) than to ADHF. The authors can change to HF or CHF. In addition, the authors have mixed to describe the PAP therapies in ADHF and CHF. This reviewer strongly recommend the authors to separate do them. 4. Make certain that all background information is in the build the rationale for your review. And the author stated that “we also review the indications, recommendations, and evidence supporting the efficacy therapy in patients with HF”. Where are the recommendations? It is essential to summarize the efficacy and safety and limitation for each PAP therapy or/and its model as one or two tables. It will help our readers to flow and understand what the authors said and guide our clinician to treat HF patients with OSA or CSA. 5. The section of Types/models of PAP in HF treatment is rather broad like machine instruction and can be condensed. The authors may consider to strengthen and restructure main text in order



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(separate clearly CHF and ADHF).

ESPS PEER REVIEW REPORT

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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	[] Existing	[] High priority for publication
[] Grade C: Good	[] Grade C: A great deal of language polishing	[] No records	[] Rejection
[] Grade D: Fair	[] Grade D: Rejected	BPG Search:	[] Minor revision
[] Grade E: Poor		[] Existing	[] Major revision
		[] No records	

COMMENTS TO AUTHORS

This is an excellent review on the therapeutic effects of positive airway pressure in patients with heart failure. The submitted work is very informative, containing a wealth of information. Perhaps some restructuring of the article chapters might improve readability. Major points 1) It is important that the chapter on the hemodynamic effects of PAP precedes other chapters, thus explaining the rationale behind using PAP as treatment modality in HF. It would be also interesting to describe the effects of PAP separately for LV and RV dysfunction. This is only briefly attempted in page 9. 2) It would be useful to summarize the clinical trials on PAP in a table. 3) Please reduce the number of abbreviations to a minimum, to increase the ease of flow by the average reader. 4) Page 11, please delete the sentence 'Finally, intermittent hypoxia and post-apneic reoxygenation cause vascular endothelial damage and possibly atherosclerosis, leading to coronary artery disease and HF due to ischemic cardiomyopathy'. There is no firm evidence to support such a statement. Minor points 1) Introduction: The sentence: 'Since we focused on less-invasive approaches for the care of HF, this review discusses PAP therapy as therapy with any form of non-invasive positive pressure ventilation (NPPV), including continuous positive airway pressure (CPAP), in which PAP is applied without an endotracheal intubation or tracheostomy but through nasal, oro-nasal and face masks.' needs rephrasing to improve clarity. 2) Please change 'provide relief of cardiac loads' to 'decrease right ventricular afterload'. Similarly, in page 4, change 'cardiac preload' to 'left ventricular preload'. 3) Please change the phrase '... pressure in entire respiratory cycle' to '.. pressure during the entire



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respiratory cycle'. 4) Page 7, typographical error: 'efficacy of and', please delete 'of and'. 5) Page 9, please delete cardiac arrest from the list of contraindications for PAP therapy. 6) Page 13, please change 'Those' to 'These'. 7) Page 15, typographical error: 'may also benefits', should be 'may also benefit'. 8) Page 16, typographical error: 'can suffered', please change to 'suffer'. 9) Page 16, typographical error: 'who only required', please change to 'who only require'.