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ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 7177

Title: Hypertrophic Cardiomyopathy in 2013 : Current Speculations and Future Perspectives

Reviewer code: 02562815

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-08 19:27

Date reviewed: 2013-11-11 11:07

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

This is a well-written review article by Efthimiadis and collaborators focused on the current knowledge of controversial topics and future perspectives in HCM. However, I would suggest the authors to dedicate a couple of sections to the clinical relevance, diagnosis and management of two additional important issues in HCM 1) Myocardial ischemia and 2) atrial fibrillation. Myocardial ischemia is considered as part of the pathophysiology process in HCM, moreover there seems to be an interesting inter-relationship between ischemia and fibrosis. Management of ischemia is complex, often ungratifying, and in a minority of patients with intractable chest pain, orthotropic heart transplantation is the only option. Please see review article by Maron et al, The Case for Myocardial Ischemia in Hypertrophic Cardiomyopathy, JACC 2009. Atrial fibrillation is related to significant morbidity and probably mortality in HCM. Rate/rhythm control and anticoagulation in atrial fibrillation are important clinical topics that deserve discussion, especially since its management is controversial. Please see 2011 HCM guidelines in Circulation. Finally, the author should also discuss current and future management perspectives for patients with non-obstructive HCM (1/3 of patients). Other suggestions/comments/edits include: Page 5, second paragraph: Suggest the sentence should read as: "Preclinical diagnosis of HCM has many medical and social implications." Page 8, first paragraph: Please describe incidence of complete heart block with both procedures; also address the fact that patients with LBBB and RBBB are more likely to develop complete heart block with surgery and alcohol septal ablation, respectively. Page 10, first paragraph: NSVT is considered a risk factor for SCD, primarily in patients under the age of 30. Please see Monserrat et al. Non-Sustained Ventricular Tachycardia in Hypertrophic Cardiomyopathy: An Independent Marker of Sudden Death Risk in Young Patients. JACC 2003. Page 10, second paragraph: The author



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describes “Extensive late gadolinium enhancement on MRI” as a potential risk-modifier or new risk factor in SCD. However, the authors should be acquainted or discuss as an issue of controversy that to date, there is no compelling published evidence that the extent is more important than just the presence of LGE for risk-prediction. Moreover, the 2011 current guidelines emphasize that is the presence and not the extent of LGE relates to adverse CV events. But again, this is an interesting, controversial topic, and it is my understanding that there is an ongoing multicenter trial with over 1000 HCM patients, which will show that the extent of LGE is also relevant, however this is unpublished data (Martin Maron, ACC 2013). Page 13: Please spell out “HMG-CoA reductase inhibitors”



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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 checked="" 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
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<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" 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

This review covers nicely the main areas of concerns on the the current clinical diagnosis, treatments and the future perspectives and directions of HCM. While the table and three figures provide very nice summary and overview of the reviewing subjects, the texts are hard to follow. The authors tend to use very long sentences that are cumbersome to follow. It should help readers gain clear and critical ideas by re-organizing the section of Significance and treatment of obstruction.