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315-321 Lockhart Road, Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8516

Title: Novel adjunctive treatments of myocardial infarction

Reviewer code: 00424947

Science editor: Gou, Su-Xin

Date sent for review: 2013-12-29 19:33

Date reviewed: 2014-01-03 04:59

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

In this manuscript, the authors review the current literature on novel therapeutics to limit infarct size. The majority of the manuscript is focused on remote ischemic preconditioning, which is appropriate given that this treatment modality has the most established basic science and clinical data supporting its use. However, I was expecting more detail on other treatments including exenatide, cyclosporine, and inhibitors of cell-cell adhesion. 1. The discussion of thrombus aspiration (manuscript page 8) seems out of place given the scope of the manuscript and could probably be removed, since prevention of distal embolization through thrombus aspiration is fundamentally a different treatment than other modalities aimed at limiting reperfusion injury 2. The authors do a good job of providing an overview of a complex field. However, I think more discussion could be provided regarding other direct inhibitors of upstream inflammation at the level of the leukocyte. For example, the recent SELECT-ACS trial (PMID 23500230) provided some interesting signals towards a benefit of P-selectin inhibition in the setting of NSTEMI. 3. Based on the title, abstract and introduction, I thought there would be a more extensive discussion of exenatide and cyclosporine. However, the bulk of the review is actually focused on ischemic preconditioning. Given that the review is currently fairly short, I would recommend including a more detailed discussion (for example 1-2 paragraphs each) on these other treatments.



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ESPS Manuscript NO: 8516

Title: Novel adjunctive treatments of myocardial infarction

Reviewer code: 00060504

Science editor: Gou, Su-Xin

Date sent for review: 2013-12-29 19:33

Date reviewed: 2014-01-07 21:59

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

This is an excellent review paper on cardioprotective manoeuvres in the treatment of myocardial infarction. The authors thoroughly review the literature, both pre-clinical and clinical, pointing the adjunctive therapies that hold greater promise to becoming incorporated into clinical practice. The manuscript would be even more helpful if the authors commented on two apparently contradictory findings: 1) the lack of cardioprotective effect of endovascular cooling while cooling (I suppose whole body cooling) seemed to decrease infarct size; and 2) their own finding that RIC decreases non-cardiac mortality significantly while cardiac mortality is not affected.



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ESPS Manuscript NO: 8516

Title: Novel adjunctive treatments of myocardial infarction

Reviewer code: 02575809

Science editor: Gou, Su-Xin

Date sent for review: 2013-12-29 19:33

Date reviewed: 2014-01-08 05:17

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 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 checked="" type="checkbox"/> Rejection
<input checked="" 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 review is based on studies that have not achieved an acceptable level of efficiency. These adjunctive therapeutic needs to be tested in well-designed clinical studies. In general, these treatments are not applied in routine clinical practice. The conclusion of the paper is fragile and no additional strong knowledge of the subject; just have to wait for the results of clinical trials.