

ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 10465

Title: Arrhythmogenic Right Ventricular Cardiomyopathy, is Cardiac Magnetic Resonance imaging (cMR) an effective test?

Reviewer code: 02929146

Science editor: Ling-Ling Wen

Date sent for review: 2014-04-02 17:50

Date reviewed: 2014-04-11 00:10

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 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"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Accurate diagnosis of ARVC is critical for the patients' outcome. This manuscript describes usefulness of CMR to exclude ARVC in patients who are suspected for this critical disease. The manuscript is concise and well presents the patient population. Although the data in the manuscript appear to be able to exclude ARVC by established CMR criteria for the disease, the results were not supported by appropriate statistical analyses highlighting the relations between CMR, clinical symptoms including patients and their family histories, prognosis (even short-term outcome after the ARVC diagnosis), and other clinical examinations, such as echocardiographic and electrocardiographic findings. The authors' statement in conclusion sounds this reviewer too strong without appropriate statistical analyses. Thus, authors' statement in conclusion is not validated. This reviewer strongly recommends that authors should analyze the obtained data by appropriate statistical analyses, such as hazard ratios, multiple comparisons, and sensitivity and specificity of CMR diagnosis of ARVC. Thus, the lack of statistical analyses significantly reduces this reviewer's interest regarding the conclusion of negative diagnosis of ARVC.

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Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 10465

Title: Arrhythmogenic Right Ventricular Cardiomyopathy, is Cardiac Magnetic Resonance imaging (cMR) an effective test?

Reviewer code: 00054465

Science editor: Ling-Ling Wen

Date sent for review: 2014-04-02 17:50

Date reviewed: 2014-04-16 06:58

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

COMMENTS TO AUTHORS

This is a retrospective study of patients with suspected ARVC who were screened with cMR. The study group totalled 114 patients over a 4 year period. the indications for performing the cMR were were very valid and suspicious of ARVC. The review of this data should have undergone formal ethical approval. Patient consent may well have been waived but IRB approval was necessary and needs to be obtained or a formal waiver issued which will not be the case. This is an important study in that it has a powerful negative predictive value and this makes the cMR very clinically valuable. However the human research ethics committee or IRB must review this protocol and approve it.

ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 10465

Title: Arrhythmogenic Right Ventricular Cardiomyopathy, is Cardiac Magnetic Resonance imaging (cMR) an effective test?

Reviewer code: 01293596

Science editor: Ling-Ling Wen

Date sent for review: 2014-04-02 17:50

Date reviewed: 2014-04-18 07:45

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 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

The manuscript from Chellamuthu et al. examined 114 referrals for cMR with either suspected ARVC or with a first degree relative with ARVC, and compared retrospectively the results of cMR against the clinical diagnosis. They showed 4 patients (4%) had major cMR findings for ARVC, 13 patients (11%) had minor cMR findings, 2 patients had non-specific cMR findings and 95 patients had a negative cMR. The 75% and 15% of referrals who had major and minor cMR findings had a positive clinical diagnosis, respectively. None of the 81 available patients with negative cMR had ARVC. They concluded that cardiac MR is a useful tool for excluding ARVC, because of the high negative predictive value. Major comments; They showed only the cMR findings with functional and structural alterations, presumably according to Task Force Criteria for ARVC. I have interests to the tissue characteristics of RV and LV wall. I think the manuscript becomes better when the existence and extent of late gadolinium enhancement in ventricular walls are shown. The predictive values of cMR for ARVC may differ in different patients groups. The referrals of this study consisted of arrhythmias (30%), family history (20%), and others (50%). The authors should discuss more about the predictive values in different patient populations. Minor comments; Abstract: please clarify the positive and negative predictive values of cMR for clinical diagnosis of ARVC. Introduction: Please describe more about previous discussion for the critical role of cMR in the diagnosis of ARVC. Discussion: please describe a short summary in the beginning of Discussion. Table 3: The position of data in first section should be corrected.

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Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 10465

Title: Arrhythmogenic Right Ventricular Cardiomyopathy, is Cardiac Magnetic Resonance imaging (cMR) an effective test?

Reviewer code: 00211908

Science editor: Ling-Ling Wen

Date sent for review: 2014-04-02 17:50

Date reviewed: 2014-04-23 04:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Y] Grade A (Excellent)	<input type="checkbox"/> Y] Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Y] 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

Comments on: ESPS Manuscript NO: 10465 Arrhythmogenic Right Ventricular Cardiomyopathy, is Cardiac Magnetic Resonance imaging (cMR) an effective test? written by: Santhi Chellamuthu , Alyson M Smith , Steven M Thomas , Catherine Hill , Peter W G Brown and Abdallah Al-Mohammad. The manuscript is well written and highly organized. The readability is excellent. In this retrospective analysis of 114 patients referred for cMR because of arrhythmias or family history of sudden death, the results of cMR were classified depending on both functional and tissue characterisation and the clinical information were used. The assessment and judgment of the images of cMR was performed jointly by radiologist and cardiologist. This study shows that cMR has an important role in the diagnosis of ARVC as it allows 3-D visualization of the ventricles and cMR is sometimes useful in finding other disorders for patient's symptoms. Please indicate this abbreviation in the text on the last line before Conclusion: "MDT".

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Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 10465

Title: Arrhythmogenic Right Ventricular Cardiomyopathy, is Cardiac Magnetic Resonance imaging (cMR) an effective test?

Reviewer code: 00575396

Science editor: Ling-Ling Wen

Date sent for review: 2014-04-02 17:50

Date reviewed: 2014-04-27 22:29

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

COMMENTS TO AUTHORS

It is a paper about CMR in ARVC I have some suggestions: Please change the title: Is cardiac magnetic resonance imaging an effective test for ARVC diagnosis? Introduction: It is not clear at the end of Introduction why this study was done or the objective of this study? Discussion: Please, compare the results of this study with other ARVC studies.