



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

### ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 10957

**Title:** Does manual thrombus aspiration help optimize stent implantation in ST-segment elevation myocardial infarction?

**Reviewer code:** 00225343

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-04-28 22:07

**Date reviewed:** 2014-04-30 00:27

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"/> Existing	<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"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

Excellent

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 10957

**Title:** Does manual thrombus aspiration help optimize stent implantation in ST-segment elevation myocardial infarction?

**Reviewer code:** 02745062

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-04-28 22:07

**Date reviewed:** 2014-06-13 16:24

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

## COMMENTS TO AUTHORS

In this study, Diego et al reported that the thrombus aspiration therapy in patients with AMI were associated with high procedure success and contributed to optimize the implantation of stents. As a non-randomized, prospective registry study, it provide us some new insights about the use of thrombus aspiration in the real world. Some concern needs to be further clarify before it merit to publication. 1)The authors need clarify the basis of thrombus aspiration use in their center. 2) How to explain the relative low rate of multivessel disease in TA group, whether the factor was related to TA use by physician decision? 3)For 56 cases who were not subjected to angiographic analysis, what is the detailed reason? 4)In multivariable logistic regression, how to explain the GPIIb/IIIa inhibitors was associated to the lower angiographic success. How many patients taken GPIIb/IIIa inhibitor before angiography?

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 10957

**Title:** Does manual thrombus aspiration help optimize stent implantation in ST-segment elevation myocardial infarction?

**Reviewer code:** 02639698

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-04-28 22:07

**Date reviewed:** 2014-06-14 19:22

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"/> 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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The present investigation was aimed at evaluating the impact of TA on procedural outcomes in a real-world STEMI registry. In their series, TA was performed in the 34%. TA was more often used in primary PCI, in presence of initial TIMI flow <3, and with concomitant use of GP IIb/IIIa inhibitors in comparison with NTA group. According to the results of the present investigation, the use of TA resulted in more efficient procedure leading to the implantation of less number of stents per lesion of shorter lengths and larger sizes. We suggest that recent papers on this topic should be cited and discussed (Kumbhani et al Catheter Cardiovasc Intervent 2014; Ahn et al Yonsei Med J 2014, Jolly et al Am Heart J 2014, In particular, controversies on the clinical impact of TA should be more extensively discussed.