

ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 9264

Title: Ventricular Tachycardia Mapping and Ablation in Arrhythmogenic Right Ventricular Cardiomyopathy/Dysplasia: Lessons Learned

Reviewer code: 02510354

Science editor: Ling-Ling Wen

Date sent for review: 2014-02-18 08:29

Date reviewed: 2014-02-20 01:19

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	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	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

Excellent written review. No further comment.

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Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 9264

Title: Ventricular Tachycardia Mapping and Ablation in Arrhythmogenic Right Ventricular Cardiomyopathy/Dysplasia: Lessons Learned

Reviewer code: 01483111

Science editor: Ling-Ling Wen

Date sent for review: 2014-02-18 08:29

Date reviewed: 2014-03-03 11:52

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	[] Existed	[] High priority for publication
[] Grade C (Good)	[] Grade C: a great deal of language polishing	[] No records	[] Rejection
[] Grade D (Fair)	[] Grade D: rejected	[] Existed	[] Minor revision
[] Grade E (Poor)		[] No records	[] Major revision

COMMENTS TO AUTHORS

Tschabrunn et al. described an extensive, well-organized information on the management of ARVT VT, especially focusing on catheter ablation. The manuscript is well-written, and there is no major concerns for this this paper. Minor comments are as follows. 1. Page 3 Patient Selection for Catheter Ablation Patients are typically diagnosed with ARVC/D after clinical manifestation of signs or symptoms during the second to fifth decade of life. All patients are recommended to receive an implantable cardioverter-defibrillator (ICD) due to the high incidence of ventricular arrhythmias associated with the disease after a definitive diagnosis is made according to the task-force criteria guidelines (6). - ICD is not indicated for all patients of ARVC. 2. Page 7, line 4 It has been unclear if the disease progression is the result of a continuously progressive degenerative process or rather periods of stability followed by serial deteriorations with associated with a distinct triggering event. - Grammar error needs to be corrected 3. Page 11 These observations emphasized the crucial important of paying attention to electrogram characteristics as well as voltage when performing epicardial substrate mapping. Should be These observations emphasized the crucial importance paying attention to electrogram characteristics as well as voltage when performing epicardial substrate mapping.

ESPS Peer-review Report**Name of Journal:** World Journal of Cardiology**ESPS Manuscript NO:** 9264**Title:** Ventricular Tachycardia Mapping and Ablation in Arrhythmogenic Right Ventricular Cardiomyopathy/Dysplasia: Lessons Learned**Reviewer code:** 01194590**Science editor:** Ling-Ling Wen**Date sent for review:** 2014-02-18 08:29**Date reviewed:** 2014-03-15 22:42

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"/>] Accept
<input type="checkbox"/>] Grade B (Very good)	<input type="checkbox"/>] Grade B: minor language polishing	<input type="checkbox"/>] Existed	<input type="checkbox"/> Y] High priority for publication
<input type="checkbox"/>] Grade C (Good)	<input type="checkbox"/>] Grade C: a great deal of	<input type="checkbox"/>] No records	<input type="checkbox"/>] Rejection
<input type="checkbox"/>] Grade D (Fair)	language polishing	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

The invited review focused on ventricular tachycardia in ARVC/D patients treated by catheter ablation. The authors described in details how to perform the catheter ablation. The different ablation tech may explain the variability of success rate among the studies. In general, the review is excellent. However, as the authors suggested, although ARVC/D is known to primarily involve the RV, left ventricle is occasionally involved, which can be differentiated by routine 12-lead ECG. Is it possible to have two ECGs, one is regular ARVC/D, the other involvement of left ventricle?