

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 19963

**Title:** Is there a rationale for short cardioplegia re-dosing intervals?

**Reviewer's code:** 00214310

**Reviewer's country:** Hungary

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-05-29 08:33

**Date reviewed:** 2015-06-12 14:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is a nicely written and up-to-date review on a controversial topic. I think it is suitable for publication.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 19963

**Title:** Is there a rationale for short cardioplegia re-dosing intervals?

**Reviewer's code:** 00482530

**Reviewer's country:** United Kingdom

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-05-29 08:33

**Date reviewed:** 2015-07-15 22:24

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

This review summarises the concept of myocardial protection using either multiple infusions or a single infusion during extended ischemic durations. It details previous studies that have looked at whether multiple infusions of either cold or warm cardioplegia are required! It concludes that it remains unknown whether short infusion durations are necessary during myocardial protection of heart undergoing cardiac surgery, and suggests that it might be best to assess on a patient-to-patient basis. This is a reasonably interesting review; however, overall it probably does not go into sufficient detail to provide the reader with sufficient information on the topic. There is also a reliance on some relatively old publications, and it would have been helpful to provide more up-to-date studies on similar topics (if these exist)! It is surprising that there is no reference to the use of St Thomas' Hospital solution, or to the development of alternative solutions that use agents that induce a hyperpolarizing arrest compared to potassium (although there is little clinical information concerning this type of solution)! Specific Comments. Page 3, line 6 – the implication of this is that continuous perfusion provides optimal protection; however, that is not the case. This is, in fact, pointed out later in the review! What is the context for these statements? Page 3, line 19 – mention



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the use of 'one-shot cardioplegia' in minimally invasive valve surgery! What about the role of temperature in this? Page 4, last line - should 'time off cardioplegia' be 'interval between cardioplegia doses'? See following! Page 5, line 24 - more details required eg ischemic duration! Page 6, line 7 - what is the 'arresting agent' referred to in this context? Presumably it is potassium! Another example of insufficient detail! What are the concentrations of the 'arresting agent' in microplegia? Page 6, line 20 - the levels of ATP prior to surgery are very low so it is not surprising that there was an apparent increase in ATP levels during ischemia! It is highly unlikely that ATP levels increase during an ischemic period!! Page 7, line 9 - are there no newer references than 1989 for the use of single-shot cardioplegia? Page 7, line 11 - what is 'high-dose HTK solution'? Do you mean high volume?