



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 17039

Title: Comparison of echocardiography and device based algorithm for atrio-ventricular delay optimization in heart block patients

Reviewer's code: 00211914

Reviewer's country: China

Science editor: Fang-Fang Ji

Date sent for review: 2015-02-09 16:46

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Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various review criteria like 'Grade A: Excellent', 'Duplicate publication', 'Plagiarism', etc.

COMMENTS TO AUTHORS

Comments The authors stated that optimization of sensed and paced atrio-ventricular (AV/PV) delay is required for better hemodynamics in patients with complete heart block (CHB). They studied the AV/PV delay optimization using echocardiography and intra-cardiac electrocardiogram (IEGM) based QuickOpt algorithm in 20 CHB patients. The results revealed a good agreement between optimal AV and PV delay determined by the two methods. Authors concluded that the automated programmer based IEGM method is a quick, easier and reliable alternative to echocardiography for the optimization of atrio-ventricular (AV/PV) delay in CHB patients subjected for dual chamber pacemaker. The tables and figures are presented appropriately. However, I have several comments: 1. This study did not provide with new concept or findings compare with many previously published articles. Twenty cases are not enough for convincing a special issue. I would suggest to increase the numbers for at least 30 cases before considering acceptance of this manuscript. 2. In the " AV delay Optimization Methods Section", authors have not described the definition of "optimal AV delay" and "optimal PV delay". These terms should be mentioned. 3. In References Section, there was no "No. 5"



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reference. Authors should not have this mistake.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 17039

Title: Comparison of echocardiography and device based algorithm for atrio-ventricular delay optimization in heart block patients

Reviewer’s code: 01919991

Reviewer’s country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2015-02-09 16:46

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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 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 checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input 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

The manuscript deals with the comparison of two methods, namely echocardiography and intra-cardiac electrocardiogram based QuickOpt algorithm, for atrio-ventricular delay optimization in 20 CHB patients. The issue has a clinical importance since a good optimization provides better haemodynamic outcomes in patients. The study lacks clarifications on some important issues, and the manuscript should be revised in a few sessions, as stated below: 1) This study did not consider repeatability. This issue is relevant to the study of method comparison because the repeatabilities of the two methods of measurement limit the amount of agreement which is possible. If one of the two method has considerable variation in repeated measurements on the same subject, the agreement between the two methods is bound to be poor too. If both methods have poor repeatability, the problem is even worse. Repeated measurements on a series of subjects should be taken and the coefficient of variation discussed to strengthen the importance of data presented. 2) It not clear to me what does it mean that two variables are in agreement but do not correlate. I can understand the opposite, since two parameters can show a linear relationship (correlation) but exhibit a bias, and



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thus not to be interchangeable. 3) As recognized by the authors, the small sample size may represent a limitation, especially considering that for an other class of patients, namely those with cardiac resynchronization therapy, has been demonstrated a poor agreement between the optimal AV and VV interval values determined by the two optimization techniques (echocardiography and QuickOpt algorithm) (ref 2 of the manuscript). Minor comments: Several typos and /or errors have to be addressed