

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 19703

Title: Initial clinical experience using the EchoNavigator®-system during structural heart disease interventions

Reviewer's code: 00259340

Reviewer's country: Spain

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-21 12:00

Date reviewed: 2015-05-26 16:58

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors present a nice review on EchoNavigator based in their own experience. I think the final result is pretty good. However, I missed a discussion more complete about this new imaging system (limitation, costs, pathologies/conditions in which the technique is more useful/almost essential, current echonavigator key limitations, ...) . Finally, I would probably add a brief take home message on echonavigator compared the classic TEE + x-ray separated.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 19703

Title: Initial clinical experience using the EchoNavigator®-system during structural heart disease interventions

Reviewer's code: 00227375

Reviewer's country: Japan

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-21 12:00

Date reviewed: 2015-05-26 19:15

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 an excellent manuscript about the clinical experience using the EchoNavigator®-system. The authors have suggested that the EchoNavigator®-system is a feasible and safe tool for guidance of interventional procedures, such as left atrial appendage (LAA), atrial septal defect (ASD) and paravalvular leak closure, transaortic valve repair (TAVR) and MitraClip® in structural heart disease. This manuscript is nicely structured and very well written. I have no question about this manuscript.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 19703

Title: Initial clinical experience using the EchoNavigator®-system during structural heart disease interventions

Reviewer's code: 02638028

Reviewer's country: Japan

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-21 12:00

Date reviewed: 2015-05-27 06:46

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This manuscript summarize the beneficial effect of EchoNavigator for guidance of several interventions in structural heart disease. The authors list several beneficial usages during various situations in the treatment of structural heart disease. However, the manuscript lacks critical evaluation and statistical analysis of these usages. For instance, the authors mention the decrease of complications by EchoNavigator in transseptal puncture or implantation of MitraClip. The comparison with complication rate in the absence of this method (For instance, in previous period when this method can not be used) should be performed. In addition, is there any problem about the wrong orientation by EchoNavigator during procedure?