



**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 27754

**Title:** Outcomes and long-term survival of coronary artery surgery: The controversial role of opium as risk marker

**Reviewer's code:** 01482015

**Reviewer's country:** Taiwan

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-06-17 15:53

**Date reviewed:** 2016-06-22 21:02

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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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**

Dear Editor: Dr. Najafi and colleagues investigated the associaiton of chronic opium use with mortality during a 6.8 years period in Iranian patients with isolated CABG. In general, the paper was well written and some issues should be addressed. 1. According to the results, they found BMI was inversely associated with the mortality in a long-term follow-up. Current evidence showed that the obesity paradox might be weak after 5 years follow-up in patients with CAD (Lin GM. et al. Int J Cardiol 2013 Sep 20;168(1):616-20.and Li YH, et al. Int J cardiol 2013 Oct 9;168(4):4315-8). AS we noted, there were 41% of the study cohort with icomplete follow up which may lead to a bias. The authors should report this limitation and cite the references to enrich the discussion. 2. One possible way we may use to differentiate the effect of opium use and smoking: whether the use of opium and smoking continued after the CABG. As we know, patients may discontinue smoking after CABG but the habit of opium use was unknown. If there were data regarding the habit of opium use and smoking status after CABG. A mediation effect could be analyzed to see the effect coming from smoking or opium use. 3. Some English grammar should be revised.



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 27754

**Title:** Outcomes and long-term survival of coronary artery surgery: The controversial role of opium as risk marker

**Reviewer's code:** 02638028

**Reviewer's country:** Japan

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-06-17 15:53

**Date reviewed:** 2016-07-07 13:29

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 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 manuscript revealed the effect of preoperative chronic opium consumption on long-term outcome in patients with coronary artery bypass surgery. The issue is intriguing, however some points should be addressed. 1. What is the mechanism of the effect of opium on cardiovascular system? Discussion about it should be added. 2. Was there any data about the cardiovascular medications? 3. How about the details of cardiac death?



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

**ESPS manuscript NO:** 27754

**Title:** Outcomes and long-term survival of coronary artery surgery: The controversial role of opium as risk marker

**Reviewer's code:** 00227375

**Reviewer's country:** Japan

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-06-17 15:53

**Date reviewed:** 2016-07-08 21:30

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 checked="" 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 type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" 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 interesting manuscript about the effects of opium consumption on all-cause mortality in patients undergoing CABG surgery. The data demonstrated that the opium users have a trend to worse long-term survival as compared to non-opium consumers. After additional adjustment for smoking history, however, opium is not a predictor for long-term mortality anymore. This manuscript is interesting and has novelty. However, there are several problems about this manuscript. I'll show the questionable points those the authors may need to revise. Just consider the following comments. (Comments) 1. Page 2, Abstract, Results, lines 1-2 Page 11, Opium-stratified survival, lines 1-5 Page 13, Discussion, 2nd paragraph, line 2, I'm afraid I have doubts about these data. I think 6.5-year overall survival for all patient, opium users, and non-opium users are 90.6% (513/566), 84.1% (69/82), and 91.7% (444/484), respectively. Sorry if I have got it wrong. 2. Page 10, Results, 4th paragraph, lines 3-4 Forty one percent had diabetes mellitus and 3.3% had history of cerebral vascular disease. Judging from Table 2, I think the authors probably make a mistake, not 3.9% but 3.3%. 3. Page 13, Discussion, 3rd paragraph, lines 1-4, For opium consumption (p =0.052) and



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functional class ( $p = 0.653$ ), these factors are not statistically significant. Therefore, both factors don't independently and significantly predict all-cause mortality. Please consider. 4. Page 30, Table 3. The listed hazard ratios aren't for survive but for death. Therefore, I think the authors should change the title to "Multivariable model for all-cause mortality using Cox regression". In addition, I think hazard ratio (95% CI) for age (per 10 years increase) is not 2.46 (1.64-370) but 2.46 (1.64-3.70). Correct to "CVA = cerebral vascular disease". 5. References [1] Correct to "Hebeler RF Jr". [2] Correct to "de la Cruz KI". [8] Correct to "Soliman Hamad MA". [16] Correct to "293-8".