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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 25170

**Title:** Novel role of phosphodiesterase inhibitors in the management of end-stage heart failure

**Reviewer's code:** 00227470

**Reviewer's country:** Netherlands

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-02-26 14:16

**Date reviewed:** 2016-03-03 18:41

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 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"/> 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

Thank you for this concise overview of studies on PDE inhibitors in end-stage heart failure. The idea of combining PDE inhibitor with BB therapy is attractive and clinically tried (see Constantinescu et al, Eur J Heart Fail 2014). As the authors correctly point out, more research is needed. I ask the authors to cite the paper I mentioned here and this would be my only comment.



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 25170

**Title:** Novel role of phosphodiesterase inhibitors in the management of end-stage heart failure

**Reviewer's code:** 00100945

**Reviewer's country:** Israel

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-02-26 14:16

**Date reviewed:** 2016-03-16 04:52

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 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input 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 type="checkbox"/> No	

### COMMENTS TO AUTHORS

Very nice review. A little too long. NO special comments



**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 25170

**Title:** Novel role of phosphodiesterase inhibitors in the management of end-stage heart failure

**Reviewer's code:** 00227375

**Reviewer's country:** Japan

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-02-26 14:16

**Date reviewed:** 2016-03-16 18:49

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 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input 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 type="checkbox"/> No	

**COMMENTS TO AUTHORS**

This is an excellent review about the role of phosphodiesterase inhibitors in the management of end-stage heart failure, especially the beneficial effects of combining milrinone infusion and beta-blocker therapy. I have a few minor comments about this manuscript. Please consider the following comments. (Comments) 1. Page 10, lines 2-5 The corrected QT interval was significantly prolonged in the monotherapy group (mean+/- 436+/-29 msec before vs 469+/-28msec after; p=0.002), whereas the interval remained unchanged in the combination group. Most notably, survival at 3 years was 65% higher in the combination group versus the milrinone monotherapy group (p<0.001). Judging from the original article, I think the authors probably make a mistake. Correct "436+/-29 msec" to "436+/-13 msec". Correct "65%" to "59%".



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 25170

**Title:** Novel role of phosphodiesterase inhibitors in the management of end-stage heart failure

**Reviewer's code:** 02445850

**Reviewer's country:** Italy

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-02-26 14:16

**Date reviewed:** 2016-03-19 04:05

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		[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 authors reviewed the main studies evaluating the use of milrinone in end-stage heart failure. In particular, they focused on the use of milrinone in order to initiate and titrate b-blockers in advanced heart failure. This is a very attractive option, though prospective randomized controlled clinical trials are needed. We congratulate the authors for the comprehensive examination of the role of PDEI agents in end-stage HF. The second case-report raises some questions. The patient received a CRT device. It can be argued that improving clinical status and left ventricular systolic function during follow-up is due mainly to biventricular stimulation rather than milrinone.