



# BAISHIDENG PUBLISHING GROUP INC

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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 26883

**Title:** 12-lead electrocardiogram features of arrhythmic risk: A focus on early repolarization

**Reviewer's code:** 02445850

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-04-30 22:38

**Date reviewed:** 2016-05-08 13:29

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"/> 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

The authors reported a review on arrhythmic risk focused on early repolarization. According to the manuscript title, we suggest to omit the description of arrhythmic risk associated to long and short QT syndrome, QT dispersion and Brugada syndrome. These chapters could be part of a general review on primary electrical disorders. In general, the topic of early repolarization is well analysed, but we suggest to shorten the individual paragraphs in order to achieve a more succinct description.



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

**ESPS manuscript NO:** 26883

**Title:** 12-lead electrocardiogram features of arrhythmic risk: A focus on early repolarization

**Reviewer's code:** 00503274

**Reviewer's country:** Poland

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-04-30 22:38

**Date reviewed:** 2016-05-05 03:31

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 interesting and well written paper on ECG features of arrhythmic risk, focusing mainly on early repolarization. Given that clinical role of dispersal parameters is questioned I feel that this section should be omitted or shortened.



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 26883

**Title:** 12-lead electrocardiogram features of arrhythmic risk: A focus on early repolarization

**Reviewer's code:** 02794723

**Reviewer's country:** Germany

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-04-30 22:38

**Date reviewed:** 2016-05-07 01:48

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

The manuscript is well written gives an interesting and complete overview of early repolarisation. But some shortening is needed and some tables will be helpful to improve readability. Furthermore add page numbers

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 26883

**Title:** 12-lead electrocardiogram features of arrhythmic risk: A focus on early repolarization

**Reviewer's code:** 00236103

**Reviewer's country:** Germany

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-04-30 22:38

**Date reviewed:** 2016-05-07 04:25

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"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" 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

The authors review the actual knowledge of arrhythmic risk, thereby focussing on early repolarizations (EP). The topic is of clinical interest, but in the present form it is difficult for the reader to estimate the clinical significance of these ECG patterns in all day care. To improve the review and increase the general interest in this topic the following comments and recommendations should be considered: 1. The text should be shortened and focus on EP (keep out long QT Syndrome, Brugada etc) 2. with regard to the EP story the authors outline a very long description on special ECG patterns and the underlying transmembrane electrolyte patterns, but ending in their short conclusions on the very last page of the review that the clinical significance of all these observations is highly disputed and even may be of clinical irrelevance. It is strongly recommended to start with the clinical problems and the actual discussion on the clinical relevance of the various sorts of EPs before going into detail 3. There must be (at the end of the paper) a clear message with respect to the clinical relevance, and under which situations the clinical cardiologists have to care on EPs or not 4. The authors say that older patients with structural heart disease or myocardial infarction in history



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do have a higher risk. This message simply is banal, as ischemia may alter cell membranes and their currents in a large number of ways, and in the clinical situation we finally deal with the sum of numerous changes at the molecular and cellular level. 5. are there any data available on the clinical false positive or false negative detections of EPs in clinical practice. The authors must be aware that the detection of EPs in clinical practice may be difficult. Therefore it should be stated more clearly and also be demonstrated by original ECGs, which of the possible EP patterns potentially are of interest with a good or bad prognosis. 6. Figure 4: x- any y-axes should clearly be assigned including voltage numbers (y) and seconds (x) for each single current. The meaning of the dotted lines is unclear. 7. are there any animal experiments or animal models for EP-generation that could help to understand the generation, development and consequences of EPs? Taking together: The message of this paper is not clear. Are EPs an unimportant epi-pehnomenon or not? In which clinical situations their detection is important? and if detection of EPs is important, which are the clinical consequences?

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 26883

**Title:** 12-lead electrocardiogram features of arrhythmic risk: A focus on early repolarization

**Reviewer's code:** 00227344

**Reviewer's country:** Japan

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-04-30 22:38

**Date reviewed:** 2016-05-13 13:13

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

Rizzo C et al. reviewed the 12-lead ECG features of idiopathic VF and Brugada syndrome. Early repolarization pattern (ERP) is well established in the two diseases and it may be observed in some individuals among a general population. The review is well written and touched upon the current findings concerning ER. But, the reviewer has some comments below. #1. ERP is a ECG phenotype and every ERP: notch or slur at the terminal part of QRS complexes, can't be really "early repolarization", but it may represent conduction delay: depolarization abnormality, and the discrimination is very important. For the discussion on the characteristic features of so-called two "ERPs", the following references would be of use: 1) J Am Coll Cardiol. 2012;59:1948-1953 and 2) Heart Rhythm. 2015;12:376-383. The second article will be of use in discussing the etiology of so-called J waves observed in patients with ischemic heart disease. #2. As to the history of so-called J waves in idiopathic VF, the first report appeared in Am Heart J (1993;126:1473-4) may be of help. The article was cited in the experimental study of Antzelevitch and Yan (Circulation. 1996;9:372-379), and clinically by Haissaguerre. (N Engl J Med 2008; 358: 2016-23). Discussion on



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mechanisms of "ERP" and history would be appreciated to complete the review.