

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 25680

Title: Noninvasive model including right ventricular speckle tracking for the evaluation of pulmonary hypertension

Reviewer's code: 00214291

Reviewer's country: Germany

Science editor: Shui Qiu

Date sent for review: 2016-03-22 11:43

Date reviewed: 2016-03-23 04:49

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 checked="" type="checkbox"/> High priority for publication
<input checked="" 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

Intereting analysis of right ventricular speckle tracking for diagnosis of PAH.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 25680

Title: Noninvasive model including right ventricular speckle tracking for the evaluation of pulmonary hypertension

Reviewer's code: 02633299

Reviewer's country: Germany

Science editor: Shui Qiu

Date sent for review: 2016-03-22 11:43

Date reviewed: 2016-03-25 19:37

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 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 checked="" 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 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

Skowasch et al. reported about speckle-tracking analysis of right ventricle and other non-invasive methods to identify precapillary and postcapillary pulmonary hypertension. In this matter, this article is very useful to present for the routine non-invasive echocardiographic method. Therefore, it should be published.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 25680

Title: Noninvasive model including right ventricular speckle tracking for the evaluation of pulmonary hypertension

Reviewer's code: 02602138

Reviewer's country: Iran

Science editor: Shui Qiu

Date sent for review: 2016-03-22 11:43

Date reviewed: 2016-03-30 16:15

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 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 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 study by Dr Mohran and colleagues is aimed at introducing a novel approach to early diagnosis of precapillary pulmonary arterial hypertension as a malignant type of PAH in their manuscript: "A noninvasive algorithm including right ventricular speckle tracking for the evaluation of pulmonary hypertension". With an emphasis on the importance of early diagnosis of PAH and lack of specific signs and symptoms in early stages of the disease they have shown the significance and necessity for diagnostic procedures and paraclinical tests which are the focus of their study. They have addressed the issue with a comprehensive literature review and a well explained methodology. At the end they have concluded that their proposed algorithm is a good measure for early diagnosis of precapillary PAH. With regard to above mentioned issues and the clinical impact of their findings, this work is highly recommendable for publication in WJC. However, there are concerns about this report that the authors are better to take into consideration: the main problem is the low sample size that the authors have mentioned too. This has prevented them from categorizing the patients based on the etiology or predisposing factors for precapillary and/or post capillary PAH. It would be better to add a table to

explain type and frequency of different categories of the patients. Moreover, low sample size has led to some ambiguities in statistical analysis. Multivariate analysis is the most unclear part of this study that the authors may need to clarify. In deed it is really difficult to judge how it is possible to do logistic regression on as low number as 15 patients with undeclared number of factors. The other statistic point that may readers need to know is calibration data of logistic regression. Although the results show the screening potential for the model, it is still not clear whether or not a model with the specificity of 17% is helpful to discriminate between pre- and postcapillary PAH. A statistician can probably comment on this and possible use of other statistical approaches for rare diseases such as case cohort analysis. With regard to these and the predictable power of the study the authors are recommended to revise their conclusions in the second paragraph of discussion and “clinical impact” at the end of discussion. Based on this work’s results there is no place for pro BNP in diagnosis and differentiation of two types of PAH. Moreover, we probably still need to do RHC to confirm the diagnosis and discriminate between pre- and postcapillary PAH. At the end, as they have not discussed an algorithm, they are better to change the title to “a non-invasive model ...” Minor: Page 10, paragraph 2, line 10: Abkürzung schon verwendet?

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 25680

Title: Noninvasive model including right ventricular speckle tracking for the evaluation of pulmonary hypertension

Reviewer's code: 00214310

Reviewer's country: Hungary

Science editor: Shui Qiu

Date sent for review: 2016-03-22 11:43

Date reviewed: 2016-04-04 22:12

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
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<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 a nicely written observational study on a controversial topic.