

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 30138

Title: Does heart rate variability correlate with long-term prognosis in myocardial infarction patients treated by early revascularization?

Reviewer's code: 00227622

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2016-09-14 18:14

Date reviewed: 2016-09-14 21:46

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"/> 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 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

Limitations of this study have been pointed out by the authors. These are important data that need confirmation.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 30138

Title: Does heart rate variability correlate with long-term prognosis in myocardial infarction patients treated by early revascularization?

Reviewer's code: 01593993

Reviewer's country: Spain

Science editor: Fang-Fang Ji

Date sent for review: 2016-09-14 18:14

Date reviewed: 2016-09-22 19:23

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 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		[Y] No	<input checked="" 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 analysed the potential prognosis of heart rate variability (HRV) in patients treated with primary PCI. The authors analysed HRV in 208 STEMI and in 118 NSTEMI. Depressed HRV was present in 16% and 4% of STEMI and NSTEMI patients respectively. However, presence of depressed HRV and other parameters did not correlate with outcomes. Thus as a result, traditional HRV parameters had no prognostic significance in immediate reperfusion era. Main comments: - It is interesting to see that despite having similar prevalence of reduced HRV parameters as in historical cohorts, prognostic influence disappeared in this cohort. If this is true, immediate reperfusion has been able to improve prognosis despite not being able to reduce HRV abnormalities. Please elaborate on that. - The study also involves patients with NSTEMI. The title refers to patients treated with primary PCI (STEMI). Please change the title according to the type of patients included. - The finding of higher mortality in NSTEMI is interesting. Baseline characteristics of both groups are rather distinct (being worse in the NSTEMI cohort) that surely explained this difference in outcomes. Please indicate mean EF and % of patients with EF<40% in each group. - Minor issue: Discussion is too long.



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I suggest shortening it.