

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 28843

Title: Critical analysis of ineffective post implantation implantable cardioverter-defibrillator-testing

Reviewer's code: 00722526

Reviewer's country: Italy

Science editor: Shui Qiu

Date sent for review: 2016-08-08 18:02

Date reviewed: 2016-08-08 18:51

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"/> 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 article is interesting and well written, it deals with a very important and "delicate" topic. Some considerations: 1) One one side it is true that the labelling on ICD recommends an assessment of defibrillation efficacy at implant. 2) On the other side a very recent paper (HRS/EHRA/APHRS/SOLAECE expert consensus statement on ICD programming and testing, Heart Rhythm 2016;13:e50-e86) states that "It is reasonable to omit defibrillation efficacy testing in patients undergoing initial left pectoral transvenous ICD implantation procedures where appropriate sensing, pacing, and impedance values are obtained with fluoroscopically well-positioned RV leads (class IIa)" and moreover "Defibrillation efficacy testing is reasonable in patients undergoing a right pectoral transvenous ICD implantation or ICD pulse generator changes, class IIa" while "Defibrillation efficacy testing at the time of implantation of a transvenous ICD should not be performed on patients with a documented nonchronic cardiac thrombus, atrial fibrillation or atrial flutter without adequate systemic anticoagulation, critical aortic stenosis, unstable CAD, recent stroke or TIA, hemodynamic instability, or other known morbidities associated with poor outcomes, class



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III". The only class I recommendation is for subcutaneous ICD. So the authors should: 1) Add a discussion including the above-mentioned and very important paper 2) State that the decision to perform the test should be taken case-by-case 3) Add a discussion about the selection of patients for whom the test should be considered: for example some pathologies (HCM), some leads (Riata SJM), some conditions (severe obesity, amiodarone use, right pectoral implants)

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 28843

Title: Critical analysis of ineffective post implantation implantable cardioverter-defibrillator-testing

Reviewer's code: 00214291

Reviewer's country: Germany

Science editor: Shui Qiu

Date sent for review: 2016-08-08 18:02

Date reviewed: 2016-08-08 20:28

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

very good

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 28843

Title: Critical analysis of ineffective post implantation implantable cardioverter-defibrillator-testing

Reviewer's code: 00227341

Reviewer's country: Italy

Science editor: Shui Qiu

Date sent for review: 2016-08-08 18:02

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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"/> 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

The paper is an interesting article reporting the experience in Cardiology. First of all, it could be helpful for the reader to have some information on the actual incidence of thrombosis in the Authors' experience. Most importantly, we should take into consideration that, as Authors themselves state, two patients were post- Fontan operation and one patient was post- Kawashima procedure and hepatic vein incorporation, which does not allow generalizing any conclusion.