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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology
ESPS manuscript NO: 30149
Title: Accuracy of gestalt perception of acute chest pain in predicting coronary artery disease
Reviewer's code: 02446698
Reviewer's country: Italy
Science editor: Fang-Fang Ji
Date sent for review: 2016-09-18 18:29
Date reviewed: 2016-09-29 18:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

In this investigation Authors deal with the problem of diagnostic value of the intuitive procedure of assembling clinical information called "gestalt", that represents a global vision of clinical features. In the study the accuracy of the gestalt concept in the clinical judgement of acute chest pain is compared with the presence or absence of obstructive coronary artery disease (CAD)demonstrated by objective instrumental techniques. I have some comments and observations: - the group of doctors formulating the judgements had no access to very important characteristics of the clinical and social context (eg family and personal history, lifestyle and other risk factors, etc) that are usually available to the clinicians performing a diagnosis. This condition may explain in part the unsatisfactory results of the gestalt approach: in fact gestalt was not complete. - Thus I am not surprised that the characteristics of chest pain taken alone had a low predictivity for coronary obstruction - A valuable observation seems to be that atypical chest pain has about the same diagnostic probability for coronary obstruction as typical chest pain. This concept may have important practical consequences that should be discussed. - Quotations 7 and 8, related to the comparison of established risk scores with gestalt diagnosis is

misleading: first the Heart Score did not show better predictability for major cardiac events than gestalt, as did in contrary the GRACE score for mortality; and second both scores were not only clinical but included laboratory or instrumental data. - Authors conclude that doctors should be cautious in evaluating the characteristic of chest pain, a point that must be accepted, and advise clinicians to redirect their focus to validated predictors. Could Authors indicate which are the validated predictors of major cardiac events, except for mortality?

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology
ESPS manuscript NO: 30149
Title: Accuracy of gestalt perception of acute chest pain in predicting coronary artery disease
Reviewer's code: 00186496
Reviewer's country: China
Science editor: Fang-Fang Ji
Date sent for review: 2016-09-18 18:29
Date reviewed: 2016-10-18 11:04

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

I have no further comments on it.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology
ESPS manuscript NO: 30149
Title: Accuracy of gestalt perception of acute chest pain in predicting coronary artery disease
Reviewer's code: 00506252
Reviewer's country: Japan
Science editor: Fang-Fang Ji
Date sent for review: 2016-09-18 18:29
Date reviewed: 2016-10-22 16:54

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

General Comments The present study essentially supports that the elements of the chest pain history are only a little bit associated with increasing accuracy of diagnosis with CAD. Furthermore, It is very interested that there were poor agreement between the two cardiologists. The methods are sound, and the used statistics seem also sound. Minor Comments 1. Table A1: Pericardites---->Pericarditis

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology
ESPS manuscript NO: 30149
Title: Accuracy of gestalt perception of acute chest pain in predicting coronary artery disease
Reviewer's code: 00060494
Reviewer's country: Taiwan
Science editor: Fang-Fang Ji
Date sent for review: 2016-09-18 18:29
Date reviewed: 2016-10-19 15:46

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[Y] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[Y] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

1. There are too many typing errors in this article. For example, Abstract, background: featuresin Abstract, method: cardiologistwho was blinded (blind) Abstract, results: wasassociated Introduction: acute chest pain lacks validation.[45] Introduction: 14 symptoms'characteristics obtained by remote Methods: Data collection was planned a priori Methods: Outcome data was collected by 3 other independent investigators (MC, FK, FF) and adjudicated by a forth investigator (LC). ----etc 2. In your method, "In case of a positive non-invasive test, patients had angiography for confirmation. A negative non-invasive test indicated absence of obstructive CAD and no further test was required." It may exist bias in the patients with negative non-invasive test which have the probability of false negative results. 3. In your method, "Obstructive CAD was defined by a stenosis ≥70% on angiography." This is different from general CAD definition as the stenosis defined as ≥50%. And, this difference may be impact on your study results.