



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 30720

Title: Blood conservation pediatric cardiac surgery in all ages and complexity levels

Reviewer's code: 00502903

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2016-10-21 08:48

Date reviewed: 2016-11-07 12:28

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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" 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 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 present their experience with implementing a blood conservation strategy for pediatric cardiac surgery at their institution. Overall, the manuscript is best categorized as a quality improvement evaluation, but without the usual QI analyses. As explanation, modern QI design frequently includes identification of a problem, root cause analysis to identify contributors to the problem, and identification of outcomes to be affected by the intervention. The phases of QI may be divided into pre-intervention, intervention, and post-intervention phases. The evaluation focuses on whether the goal was achieved, balancing measures of safety, and causes of failure. This manuscript would benefit from such a QI approach, much of which can still be done retrospectively. The aim is not stated as a hypothesis. As a result, the data cannot be analyzed according to how they address the hypothesis. This makes the presented analyses seem like an unsorted collection of ideas rather than a coherent study. The methods are inadequately described. For instance, the paragraph in Discussion that begins, "Our general trigger point for RBC transfusion..." up to the sentence ending in "need for transfusion prior to leaving the operating room" provides important information that would fit in the Methods section. What was the general hematocrit trigger pre-intervention? What



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was the previous practice on hemodilution? Was the blood conservation intervention implemented all at once, or over time? This would define an intervention phase. As noted in Table 1, MUF and in-line blood gas analyzer were sometimes used during the NC phase. If these were introduced as part of the BC intervention, they could have been included during the intervention phase. While no changes in clinical personnel were noted in the medical specialties, were there changes in the surgeons? Exclusion of ECMO eliminates an important outcome measure for blood conservation. If blood conservation resulted in inadequate intravascular volume and perfusion pressure, then one of the most severe outcomes could be ECMO. In a QI analysis, post-surgical ECMO would be an appropriate balancing measure. It would be helpful to characterize the excluded patients. Were any other QI initiatives implemented during the 5-year study period? How complete was data collection? How many eligible patients were included, and were any instances of incomplete data found? Figures 2 and 3 redundantly present data from the Tables and may be removed.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

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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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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

As a reviewer for this manuscript, I enjoyed reading it. No important comment at the moment.



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ESPS PEER-REVIEW REPORT

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

- quality improvement evaluations should be presented - methodology should be clarified (primary outcome, eligible patients, incomplete data) - tables and text should not be redundant