

ESPS Peer-review Report

Name of Journal: World Journal of Anesthesiology

ESPS Manuscript NO: 5094

Title: Lung preconditioning in anesthesia: review of the literature.

Reviewer code: 00506098

Science editor: Qi, Yuan

Date sent for review: 2013-08-15 11:55

Date reviewed: 2013-08-22 00:15

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

GENERAL COMMENTS This is a narrative review of the current literature about lung preconditioning. The topic is quite important as it addresses the possibility to reduce the frequency and the severity of lung injury that may arise during anesthesia from different causes. This research field is constantly growing in the last decades with many papers published on major journals. The manuscript is sufficiently well written and is a good summary of the research up to date for the interested reader.

SPECIFIC COMMENTS The title accurately reflects the major topic and contents of the study. The abstract gives a clear delineation of the research background and objectives. I suggest you to include a brief description of how the literature search was conducted. Please, also add a short conclusive remark about the state of the art and future perspectives.

Materials and methods: Please, include a description of how the literature search was conducted (search strategy, key words), how many papers were retrieved, how is the quality of the papers, how many are animal studies and how many human studies. A table summarizing all the papers included would be useful. A discussion section is lacking. Some reflections are included under the "conclusions". I suggest you to make it a separate section in which you discuss in more detail the overall advantages and disadvantages of the techniques. I would stress on what are the possible risks and the cost benefit ratio. Do you think is lung preconditioning really an option, is it applicable in clinical practice?... please tell us your opinion... the reader wants to know if this is just empty speculation by investigators that just want to publish and "surf the wave" as far as it goes... or a really promising strategy that can change our practice. The references are mostly appropriate, relevant, and updated. I would only add the following, a recent RCT conducted in human patients and appeared on a major journal. Li C, Li YS, Xu M, Wen SH, Yao X, Wu Y, Huang CY, Huang WQ, Liu



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KX. Limb remote ischemic preconditioning for intestinal and pulmonary protection during elective open infrarenal abdominal aortic aneurysm repair: a randomized controlled trial. *Anesthesiology*. 2013 Apr;118(4):842-52. doi:10.1097/ALN.0b013e3182850da5. PubMed PMID: 23353795.

ESPS Peer-review Report

Name of Journal: World Journal of Anesthesiology

ESPS Manuscript NO: 5094

Title: Lung preconditioning in anesthesia: review of the literature.

Reviewer code: 00506100

Science editor: Qi, Yuan

Date sent for review: 2013-08-15 11:55

Date reviewed: 2013-08-23 22:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The manuscript is well written and it needs only little revision for any words (4 circles, TNF-alpha). It can be accepted for publication in World Journal of Anesthesiology

ESPS Peer-review Report

Name of Journal: World Journal of Anesthesiology

ESPS Manuscript NO: 5094

Title: Lung preconditioning in anesthesia: review of the literature.

Reviewer code: 00502808

Science editor: Qi, Yuan

Date sent for review: 2013-08-15 11:55

Date reviewed: 2013-08-25 14:10

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a well written review article on an important topic. However, the following minor corrections can further improve the quality of the manuscript. ? Page 4, paragraph 2, line 3: The sentence "ARDS after lung resections is reported to be 7.5% cases with a mortality of 18.8%[20]" can be replaced with "Sen et al reported ARDS after lung resections in 7.5% cases with a mortality of 18.8%[20]" to convey clearer meaning and to connect it better with the next sentence. ? Page 4, paragraph 3, line 1: "that its" may be replaced with "whose" ? Page 5, paragraph 1, lines 3-7: The sentence "As were meant lobectomy, multilobectomy, pneumonectomy, esophagectomy and lung decortication, while as high-risk cardiac procedures, coronary artery bypass surgery, valve replacement or multiple valve repair, pericardial resection, aortic arch repair, cardiac transplantation, congenital heart repair and cardiac reoperations." may be re-written as "Lobectomy, multilobectomy, pneumonectomy, esophagectomy and lung decortications were considered as high-risk thoracic procedures; whereas high-risk cardiac procedures included coronary artery bypass surgery, valve replacement or multiple valve repair, pericardial resection, aortic arch repair, cardiac transplantation, congenital heart repair and cardiac reoperations." ? Page 6, line 15: "problematic" may be replaced with "problem" ? Page 7, line 4: Insert "of" before "anesthesia" at the beginning of the line ? Page 7, line 9: Insert "repair" after "ventricular septal defect" ? Page 7, line 9: Replace "circles" with "cycles" ? Page 7, 5th line from below: "aerolized" needs to be replaced with "aerosolized" ? Page 8, paragraph 2: The heading "Other types of PC" appears to be better than "Various types of PC" ? Page 8, paragraph 2, line 5: The full form of iNOS should be given ? Ref 3: Provide names of all authors ? Ref 4: Provide names of all authors ? Ref 13: The reference is incomplete ? Ref 25: The reference is incomplete ? Ref 35: '14' is written extra and doi is not mentioned ? Ref 41: Provide names of all



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authors

ESPS Peer-review Report

Name of Journal: World Journal of Anesthesiology

ESPS Manuscript NO: 5094

Title: Lung preconditioning in anesthesia: review of the literature.

Reviewer code: 00504975

Science editor: Qi, Yuan

Date sent for review: 2013-08-15 11:55

Date reviewed: 2013-09-03 10:49

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

RE: Lung preconditioning in anesthesia: review of the literature This manuscript reviews some of the current literature in a field that is rapidly growing and has the potential of diminishing and/or preventing injuries of the lungs associated with different causes during anesthesia. There is a need to specify what selection criteria were used to include/exclude references in this review paper. What databases were consulted, what keywords were used, what years were searched from and to? A "Discussion" section should be included. Some conclusion are presented at the end, but a more in-depth reflection on the information presented and its possible utility in clinical practice seems appropriate. The statement "It seems that diseases associated with immunosuppression, such as diabetes mellitus and alcohol abuse..." may need to be reviewed/rephrased. Are diabetes mellitus and alcoholism associated with immunosuppression? Abbreviations, even those commonly used in anesthesiology, should be defined when first mentioned in the text (e.g., PaO₂/FiO₂, PEEP, FFP, ASA, A-aDO₂, CABG, TNF, IL, NO, iNOS). Abbreviations should be used consistently throughout the text (e.g., PC instead of preconditioning, IR instead of ischemia-reperfusion). When appropriate, the use of subscript should be used consistently throughout the text (e.g., O₂). Include "acute" after transfusion-related in "transfusion-related lung injury (TRALI)". The alpha symbol did not display correctly after TNF. Move reference [33] right after "remote ischemia of the lower limb was found to have a protective effect on airway resistance in children undergoing heart surgery" to accurately support this statement. "Improve" is used several times on reference to different conditions (e.g., primary graft dysfunction, lung edema). This could be interpreted as further development of the condition and the use of other words (e.g., attenuate) or rephrasing of those sentences should be considered. In vivo and ex vivo should be in italics throughout the text. The word "previous" in



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"The authors, taking into account previous in vitro studies" should be modified since the in vitro studies took place before the referred work in the previous statement (i.e., 1999⁹ vs. 2000). Under the section "Remote ischemic PC" the use of "remote" should be included before every time that "ischemic PC" is used throughout this section. This is to ensure clarity and differentiate this type of ischemic PC from others. Please define transiently in "However, systemic oxygenation was improved only transiently". References: Include the name of all authors in refs. 1, 3, 4, 41. Use J Am Med Assoc instead of JAMA in ref. 2. The title in ref. 5 should read "A search..." instead of "A Search...". Provide the final page number, in full, for the following references: 5-12, 14-19, 21-24, 26-34, 36-40, 42-59. Reference 13 is incomplete. PMID no. is missing for refs. 14, 20. Ref. 30: include "members of" right before "Cardiothoracic Anesthesiology Research Endeavors". Ref. 35: correct volume and page number; also include DOI no. Ref. 36: provide the journal name in italics and delete the dot that appears right after it.