

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 22151

Title: Validation of a Pediatric Bedside Tool to Predict Time to Death after Withdrawal of Life Support

Reviewer's code: 02446483

Reviewer's country: Canada

Science editor: Jin-Xin Kong

Date sent for review: 2015-08-19 13:49

Date reviewed: 2015-09-15 04:29

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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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 manuscript is well written and covers a gap in our knowledge on this topic. In this manuscript, DPT is clinically relevant in predicting time from withdrawal of life support to death. Precisely, DPT is more useful in predicting death within 60 minutes of withdrawal of life support than within 30 minutes. Additional calibration and modifications of this important tool could help guide the intensive care team and families considering DCD. I think that some graphics will help the reader to understand better. Do all patients consenting to donations also consent for an autopsy? This data are relevant and this aspect can be highlighted in the manuscript.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 22151

Title: Validation of a Pediatric Bedside Tool to Predict Time to Death after Withdrawal of Life Support

Reviewer's code: 00053888

Reviewer's country: United Kingdom

Science editor: Jin-Xin Kong

Date sent for review: 2015-08-19 13:49

Date reviewed: 2015-10-24 00:28

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 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 checked="" 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

This is an interesting paper based on a very large number of PICU admissions. The numbers of patients entered into the study are however small because of the nature of the study. What is disappointing and ultimately makes the study impossible to interpret is that of the 70 patients in whom treatment withdrawal occurred only 2 donated organs. This makes the applicability of the data presented rather worthless. I would encourage the authors to work with other centres to try and increase the cohort of evaluable patients.