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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Transplantation

**ESPS manuscript NO:** 19022

**Title:** 12-month efficacy and safety of the conversion to everolimus in maintenance heart transplant recipients

**Reviewer's code:** 00502903

**Reviewer's country:** United States

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-05-07 14:39

**Date reviewed:** 2015-05-13 04:49

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"/> 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 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

This is a well-done retrospective case series of heart transplant patients who received everolimus during maintenance phase. The current paper would have been more interesting with an historical control cohort, for instant the 1-year experience prior to introduction of everolimus. However, if I understand correctly EVERODATA only registered patients who received everolimus.



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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Transplantation

**ESPS manuscript NO:** 19022

**Title:** 12-month efficacy and safety of the conversion to everolimus in maintenance heart transplant recipients

**Reviewer's code:** 00742171

**Reviewer's country:** United States

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-05-07 14:39

**Date reviewed:** 2015-06-10 02:23

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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

### COMMENTS TO AUTHORS

Dear Authors, Thank you for the study. Could recommend and request you to update the information since the study was conducted in 2007. A study looking at updated followup and outcomes of the group will be very interesting. Thank you.



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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Transplantation

**ESPS manuscript NO:** 19022

**Title:** 12-month efficacy and safety of the conversion to everolimus in maintenance heart transplant recipients

**Reviewer's code:** 02474355

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-05-07 14:39

**Date reviewed:** 2015-06-04 01:58

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"/> 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 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

Manito et al. from 14 Cardiac Transplant Centers in Spain report on 222 patients included (mean age: 53±10.5 years; mean time from HT: 8.1±4.5 years) in a retrospective 12-month study carried out in Spain to assess the efficacy and safety of conversion to everolimus (EVL), belonging to the family of mammalian target of rapamycin (mTOR) inhibitors, which are potent immune suppressors that act through inhibition of the intracellular signals that regulate cell growth and division, in maintenance of heart transplant recipients. The most common reasons for conversion were nephrotoxicity (30%), chronic allograft vasculopathy (20%) and neoplasms (17%). The doses and mean levels of EVL at baseline (conversion to EVL) and after one year were 1.3±0.3 and 1.2±0.6 mg/day and 6.4±3.4 and 5.6±2.5 ng/ml, respectively. mTOR inhibitors offer additional benefits such as a demonstrated antitumor effect and the capacity to prevent or slow CAV progression and are associated with a lower incidence of CMV infection. The results reported here, although retrospective, are important and clearly indicate that in the subgroup of patients converted because of nephrotoxicity, creatinine clearance increased from 34.9±10.1 to 40.4±14.4 ml/min (p<0.001). There were 37 episodes of acute



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rejection in 24 patients (11%). EVL was suspended in 44 patients (20%). The MS is well written, concise and informative.