

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 22640

**Title:** Continuous internal counterpulsation as a bridge to recovery in acute and chronic heart failure

**Reviewer's code:** 00227531

**Reviewer's country:** Spain

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-09-10 13:40

**Date reviewed:** 2015-09-13 01:46

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 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 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

This is a well-written review on the use of devices as a bridge to recovery in acute and chronic heart failure. The authors convincingly advocate for continuous internal counterpulsation instead of LV assisted devices for this purpose. I have the following minor concerns: -The article is too long. I suggest reducing it to a half, deleting the sentences regarding to the history of the techniques and shortening the paragraphs from page 12 to the end of the manuscript which describes each article of the references. -Try to no repeat in the body of the manuscript the information already provided in Table 2. -Finally, for better understanding of the readership I am sure that figures of each of the new internal counterpulsation devices would be welcome.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 22640

**Title:** Continuous internal counterpulsation as a bridge to recovery in acute and chronic heart failure

**Reviewer's code:** 02639698

**Reviewer's country:** Italy

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-09-10 13:40

**Date reviewed:** 2015-09-14 06:12

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 checked="" 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 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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 present manuscript is well written. We suggest the Authors to add a table summarizing the role of IABP in chronic HF

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 22640

**Title:** Continuous internal counterpulsation as a bridge to recovery in acute and chronic heart failure

**Reviewer's code:** 00227677

**Reviewer's country:** Uruguay

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-09-10 13:40

**Date reviewed:** 2015-09-14 07:58

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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" 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"/> 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

The authors make a complete review about the counterpulsation devices and their beneficial effects for cardiac recovery not only for acute but also for chronic HF. Although more carefully-designed, clinical studies are needed to clarify the role of IABP support in promoting cardiac recovery in acute heart failure, chronic counterpulsation appears to substantial cardiac (left and right ventricle) reverse remodeling, as assessed by hemodynamic and echocardiographic indices. They also discussed the advantages of the different counterpulsation devices with respect to ventricular assistance ones. Although the review is vast, I suggest to put in perspective a very recent paper about the current understanding of the potential for myocardial recovery in patients with HF with reduced ejection fraction, with an emphasis on the importance of phenotyping the chronic HF population (JACC Heart Fail 2015;3:661-9). The authors proposed a strategy to phenotype patients with HF that focuses to identify dysfunctional but viable myocardium. This achievement would be very important to recover "normal" cardiac structure and function. How can the phenotype HF patients by cardiac magnetic resonance and molecular imaging rebound on the counterpulsation indications and results?

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 22640

**Title:** Continuous internal counterpulsation as a bridge to recovery in acute and chronic heart failure

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**Reviewer's country:** Italy

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-09-10 13:40

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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 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
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		BPG Search:	
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

The review of Kontogiannis et coll focuses on the role of continuous internal counterpulsation in acute and chronic heart failure. The review is complete and well written. Only minor comments: - when the role of IABP in chronic heart failure is considered, it should better clarified its role. The use of this support in some patients as bridge to recovery is not common. The authors should better explain also the possible adverse effects of a prolonged IABP. - Analogously they should better explain the role of cardiopulmonary testing in chronic patients with IABP (Table 1). - In chronic heart failure with signs of pulmonary hypertension and RV failure, temporary IABP could be useful as diagnostic tool in order to detect patients who will benefit by left ventricular assist device or in which pulmonary hypertension can be reversed after heart transplantation. Authors should revise available literature about this topic.