



SDI Review Form 1.6

Journal Name:	<u>British Journal of Medicine and Medical Research</u>
Manuscript Number:	2013_BJMMR_6088
Title of the Manuscript:	Doxorubicin Cardiotoxicity in Acute Lymphoblastic Leukemia: Possible Protective Role of Grape Seed Extract Proanthocyanidins
Type of the Article	Review

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	The study aimed to evaluate early DOX cardiotoxicity in asymptomatic leukemic children and to explore whether grape seed extract (GSE) proanthocyanidins would prevent the DOX-induced cardiotoxicity. The authors demonstrate that that cardiotoxicity markers could be valuable beside echocardiographic evaluation in the early detection of DOX-induced subclinical cardiotoxicity and GSE has a potential application as a cardioprotective agent against DOX induced cardiotoxicity. The study is of clinical interest. Concerns 1 It is not clear whether this study is a prospective double-blind study or an open study. Please, specify this and also the eventual retrospective nature of the study. 2 The use of endocardial fractional shortening by M-mode echocardiography should be an obsolete index even in children with cancer because it is based on the motion of only two walls while it is well recognized that the abnormalities of wall motion can involve other walls. In this view, the calculation of ejection fraction by two-dimensional echocardiography shall be recommended. This is also very well specified in the ref # 30 cited by the authors. Indeed, also leukemic children can develop segmental wall motion abnormalities during anthracycline therapy. 3 The authors present only ejection fraction value pre and post-therapy while it is well known that other parameters such as Doppler-derived diastolic indices	



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	and left atrial volume index can be impaired by chemotherapy. Can the authors add the analyses of these parameters. Alternatively, they should add this lacking as a limitation of the present study. This is important also in view the demonstration that BNP values are better correlated with diastolic indices than with ejection fraction in patients with heart failure.	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		

Note: Anonymous Reviewer