Reviewer's report

Title: Chronotropic incompetence and a higher frequency of myocardial ischemia in exercise ecocardiography

Version: 1 Date: 28 August 2007

Reviewer: Luna Gargani

Reviewer's report:

General
This is a very well-documented, large-scale study on chronotropic incompetence, and the Authors have to be congratulated for their effort. Thus, given the importance of this paper, it would be worth to refine some aspects.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

My major suggestions are:
- Ask for an English mother-tongue revision, as some sentences (especially in the Discussion section) are not very clear.
- Avoid overlap between text and tables or figures. In this work, results are very well imaged in figures and tables, thus I would remove all descriptions of results in text: this section will result very small, but much clearer.
- I would expand a little bit the comparison with previous studies, maybe including the work of Vivekananthan (Vivekananthan DP, Blackstone EH, Pothier CE, Lauer MS. Heart rate recovery after exercise is a predictor of mortality, independent of the angiographic severity of coronary artery disease. J Am Coll Cardiol 2003;42:831–838.) and maybe underlining the difference between chronotropic incompetence and heart rate reserve.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
- Page 3, line 19: p value should be included to WMSI values comparison.
- Please be homogeneous in separating decimal places, using always "." or ",".
- Page 4, line 8: "and represents" should be "it represents".
- Page 4, line 23: the acronym CAD had been already specified.
- Page 5, line 5: "pre excitation" should be "pre-excitation".
- Page 5, line 12: "patients who are failure" should be "patients who fail".
- Page 6, line 16: what does "antecedent" mean? "Factors of risk of CAD" should be "CAD risk factors".

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-Page 7, line 2: "preoperative assessment of no cardiac surgery" is not clear.
-Page 9, line 11: "vein" should be "artery".
-Page 10, line 5: "qui" should be "chi".
-Page 12, line 8: "tachycardias ventricular supported had been more frequent" should be "sustained ventricular tachycardia occurred more frequently".
-Page 14: the second sentence ("Moreover...") is not clear.
-Page 14, line 8: (b) should start from "in G1 group", removing the first part of the sentence.
-Page 14, line 11: "ischemia reply" should be "ischemia response".
-Page 14, line 13: "clinics findings" should be "clinical findings" and "the patients with CI has the most frequency of" should be "the patients with CI have the higher frequency of".
-Page 14, line 15: "what confirm" should be "confirming".
-Page 14, line 21: "it's showed" should be "showing".
-Page 15, line 5: "it is still not..." should be "it is not considered as a marker of cardiovascular risk yet".
-Page 15: the sentence beginning with "Elhendy" is not clear.
-Page 15, line 14: "hate" should be "rate".
-Page 15, line 15: remove "on" and add "a" before "more important marker".
-Page 16, line 2: change the full-stop in a comma.
-Page 16, line 7: "is according" should be "in agreement".
-Table 4: p values should be added.
-Table 5 should be simplified, just showing the parameter you are describing and removing its contrary.

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.