

Circulating extra-cellular RNAs, myocardial remodeling, and heart failure in patients with acute coronary syndrome

Khanh-Van Tran, Kahraman Tanriverdi, Gerard P. Aurigemma, Darleen Lessard, Mayank Sardana, Matthew Parker, Amir Shaikh, Matthew Gottbrecht, Zachary Milstone, Selim Tanriverdi, Olga Vitseva, John F. Keaney, Catarina I. Kiefe, David D. McManus, Jane E. Freedman

Corresponding author:

Khanh-Van Tran, MD, PhD, Cardiovascular Fellow, Department of Medicine University of Massachusetts Medical School, United States

Handling editor:

Michal Heger

Department of Pharmaceutics, Utrecht University, the Netherlands

Photonanomedicine, Jiaxing University Medical College, Zhejiang, China

Review timeline:

Received: 28 May, 2019

Editorial decision: 2 June, 2019

Published online : 8 June, 2019

First editorial decision

Date: 2-Jun-2019

Ref.: Ms. No. JCTRes-D-19-00009

Circulating Extra-cellular RNAs, Myocardial Remodeling, and Heart Failure in Patients with Acute Coronary Syndrome

Journal of Clinical and Translational Research

Dear authors,

I am pleased to inform you that your manuscript has been accepted for publication in the Journal of Clinical and Translational Research.

You will receive the proofs of your article shortly, which we kindly ask you to thoroughly review for any errors.

Thank you for submitting your work to JCTR.

Kindest regards,

Michal Heger

Editor-in-Chief

Journal of Clinical and Translational Research

Comments from the editors and reviewers:

Reviewer #1:

Dear authors,

Following internal deliberations with my associate editors and careful perusal of your work and the reputation of Dr. Freedman's lab and staff members, we have decided to accept your manuscript in current form.

Although this is contrary to our standard policy, we would like to acquaint you with the reasons for this decision.

1. The work, although requiring more clinical validation of miR-29-3p, miR-584-5p, and miR1247-5p as prognostic markers for HF, is novel and directly beneficial for patients. This is in line with the journal's core mission. Furthermore, in our editorial (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6410644/>), we have proclaimed that the journal advocates a top-down research approach to clinical science. We place less emphasis on mechanistic insight and more importance on novel, clinically useful findings that are instantly reducible to practice and potentially improve health care. Your work perfectly exemplifies that paradigm.

2. The manuscript and the study are of top-tier quality. The manuscript is clearly written, logically structured, presented in appropriate language, and with a high level of meticulousness without reducing legibility. The experimental design is rigorous and robust. The text is equally suitable for clinicians with busy schedules and translational researchers, which we find commendable. These attributes further attest to the quality of the parts of the study that are not directly reflected in the manuscript, such as the practical work performed. The manuscript is also complete in terms of data provision and description of the methods (in many instances by reference to published work that had been validated by peers).

3. The limitations of the study are sound and clearly addressed. Colleagues who would like to pick up on your research are therefore cautioned as to the necessity to clinically expand on the data sets and employ extra scrutiny to the methods used. However, your work steers them in the right direction and potentially spawns more novel insights. We therefore want to bring out these findings as soon as possible and trust the executive aspects in light of a peer-approved backdrop (i.e., <https://www.ncbi.nlm.nih.gov/pubmed/30090932>).

In conclusion, congratulations on this exceptional work, also on behalf of the JCTR editorial board.

Kindest regards,

Michal.