

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This was an interesting study because it incorporates a large number of eligible patients. As a reviewer, I would like to make a few comments.

Answer:

Comment 1: The number of stents was included in the MACE analysis, but the number of stents was not included in the PMI analysis. Why did not the authors include the number of stents in the PMI for analysis?

Thank you for your suggestion. It is our mistake that the factors in PMI and MACE analysis were not kept in sync, that the length of stents was included in PMI analysis, while the number of stents was included in the MACE analysis.

We hold the opinion that there is a positive correlation between the total length of stents and the number of implanted stents, and we think we should just choose one of the two into the analysis. To keep the factors included in analysis in sync, we finally include the number of implanted stents instead of the total length of stents in PMI and MACE analysis. The results was shown in **Table 2**.

Comment 2: Did MACE include PMI? The authors should clarify this. Furthermore, the authors should clarify the effect of the presence of PMI on MACE.

MACEs are redefined in the **MATERIALS AND METHODS (*Definitions of outcome*)**, in which PMI was not included as a composition of MACE.

Comment 3: FFR, IVUS, and OCT use were included as the factors for PMI. The authors should discuss about it a little bit as well.

It is really a valuable suggestion. The impact of FFR, OCT or IVUS on PMI are added to discussed in **the second paragraph of DISCUSSION**. "The present study also suggest that use of FFR, OCT or IVUS may increase the likelihood of PMI. As all these would not only increase additional procedures, but also prolong the operating time and increase the dose of contrast agent, which may aggravate myocardial damage."

Comment 4: Chronic liver disease was excluded in the eligible patients, please define chronic liver disease.

Acute and chronic liver injury are defined in **MATERIALS AND METHODS (*Study population*)**. Acute liver injury were screened with an acute elevation of transaminases. Chronic liver injury were screened mainly by chronic elevation of transaminases with the case history, such as viral hepatitis, fatty liver disease, alcoholic hepatitis, autoimmune liver disease, biliopancreatic disease, drug-induced liver injury, liver cancer, liver cirrhosis and so on.

Comment 5: I think the title of Table 2 should be "Factors affecting PMI in univariate and multivariate analysis".

The title of Table 2 has been replaced by “Factors affecting PMI in univariate and multivariate analysis” .

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors:

Comment 1: An independent relationship was found between both MACE and PMI and tertile III (see tables 2 and 3). Tertile III is the group with the highest bilirubin level. According to the authors' results, there is a positive association between high bilirubin and MACE and PMI. Authors should recheck their results.

In our analysis, Tertile III had a lower incidence of PMI with adjusted OR 0.842 and a lower incidence of MACE with adjusted HR 0.639 when compared with patients with Tertile I. Thus there is a negative association between high bilirubin and MACE and PMI.

Comment 2: hemolytic anemia, viral hepatitis, vitamin b12 deficiency, heart failure are common causes of hyperbilirubinemia. It should be clearly stated that these factors were excluded in this study.

It is really a valuable suggestion. Although patients with acute or chronic liver injury, biliary tract disease or hematological disease or other diseases which may lead to elevated bilirubin had been excluded, less attention was paid on the relationship between heart failure and bilirubin. From our results, patients with heart failure had significantly higher bilirubin. Thus 763 cases with heart failure were excluded in this analysis. All the data were reanalyzed. Heart failure is defined according to 2021 ESC Guidelines (Eur Heart J. 2021 21;42(36):3599-3726).

Comment 3: Smoking increases bilirubin levels. Some of the patients included in the study are smokers. A subgroup analysis or adjustment is necessary to elucidate this situation.

Previous studies found cigarette smoking were associated with **lower** concentrations of plasma bilirubin (Nicotine Tob Res. 2020 27;22(1):104-110; Nicotine Tob Res. 2016;18(5):572-9). Our results showed that patients with lower level of bilirubin had trend of higher rate of current smoking, but there was no significant difference between three groups (**Table 1**). Furthermore, smoking has been included in PMI and MACE analysis (**Table 2 and 3**)

Comment 4: Information about the post hoc tests used in the study should be given.

It is really a valuable suggestion. The post hoc tests are presented in **Table 1**.

Comment 5: More details about bilirubin should be written in the introduction.

Thanks very much for your kind advise. More details about bilirubin is added in the **Introduction**

Comment 6: The language of the article should be reviewed by a native speaker.

We have resented our manuscripts to **EditSprings** for the expert linguistic services provided.

**4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS
SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH**

The revised manuscript had been sent to a professional English language editing company (EditSprings) to polish the manuscript. A new language certificate is provided along with the manuscript.