

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 70690

Title: Intensive vs non-intensive statin pretreatment before percutaneous coronary intervention in Chinese patients: A meta-analysis of randomized controlled trials

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01047751

Position: Editorial Board

Academic degree: MA

Professional title: Director, Statistician

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

Manuscript submission date: 2021-08-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-12 09:52

Reviewer performed review: 2021-08-12 14:52

Review time: 5 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

“Intensive versus non-intensive statin pre-treatment before percutaneous coronary intervention in Chinese patients: a meta-analysis of randomized trials” Comments on the paper by Xian Yang et al submitted to the World Journal of Clinical Cases

Author : P.N.

Lee Date : 12th August 2021 I am an experienced medical statistician familiar with conducting meta-analyses, though am not medically qualified or particularly familiar with coronary intervention treatments. While the paper is generally clearly presented and the results are clear enough, I believe that the paper would benefit considerably from restructuring how the results are presented. As a preliminary step, I would exclude the study by Yong 2014 as there was zero occurrence of each of the six conditions considered in both treated and control, and explain why the exclusion was made. I note that it is listed both in the high vs placebo and in the high vs moderate intensity groups (is that right?) and that in the non-fatal MI high vs moderate meta-analysis output it is stated to have zero, not 20 patients in each group! I would also not present meta-analyses for conditions with an extremely low occurrence. This is certainly true for cardiac death – only one case in nine studies, and I would have thought that results for some of the other endpoints could be briefly mentioned in the text without giving meta-analyses. Please omit from meta-analysis outputs studies with zero response in both treated and control. Do not give meta-analyses results for different endpoints side by side, as in Figure 2. The print size is then so small as to be unreadable to human eyes! Most importantly, the presentation of the results could be much simplified by first limiting attention to studies comparing treated (high intensity) with placebo or no statin,

giving their results in one figure, then giving results for studies comparing high intensity vs moderate intensity giving their results in a second figure, and pointing out that these data virtually all come from one study. One could then have a final section noting that the results for the two outcomes with substantial data (MACE and non-fatal MI) differ widely between the two types of statin, so should not be combined. This presentation would make the results much easier to explain and understand. While the English is generally very good, I (as a native-speaking Englishman) noted a few points that need improvement. Abstract – methods – line 6: Start sentence “Random effects and fixed effect model were”. (Note that it is fixed effect not fixed effects – there is only one effect!) Abstract – results: I would rewrite completely from the second sentence up to the last but one. For example “Compared with patients receiving placebo or no statin treatment before surgery, intensive statin treatment was associated with a clear reduction of risk of MACE and non-fatal MI (RR =). However, compared with the patients receiving modest-intensity statin before surgery, no advantage to intensive statin treatment was seen (RR).” Abstract – conclusion: Replace “benefit” by difference”. Core tip: This could be rewritten similarly to the above. As written it is very difficult to understand. Introduction – line 5: Replace “which has also” by “and also”. Introduction – near end: The word “troubled” is strange. Is “affected the general” better? Search-strategy – line 7: “It is worth mentioning”. Last line below results: “the department”. First line of results: Space after “Figure 1,”. Fifth line of results: “1,544” not “1544”. Effectiveness analysis – line 3: Delete “that was”. Discussion – paragraph beginning: “An important finding” should be “an important finding is” not “was”. Fourth line of same paragraph: Surely one benefits from the high-intensity therapy and not from receiving placebo!!! This needs rephrasing. Conclusion – lines 2 and 3: Replace “would further reduce the” by “have a reduced”.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

ntensive vs non-intensive statin pretreatment before percutaneous coronary intervention in Chinese patients: a meta-analysis of randomized controlled trials
Comments on the revised version of the paper submitted to World Journal of Clinical Cases (MS70690)

Author : P.N. Lee Date : 18th November 2021 The paper is much improved following the changes made. However, I did note two points of substance and a number of minor points of English. Also please note that the latest version of the manuscript includes the four results sections "Study selection and quality assessment" to "Publication bias" twice. Clearly one set should be removed. One point of substance is that in two places it is stated that differences between intensive statin therapy and non-intensive statin therapy were not significant, while referring to results for the incidence of non-fatal MI that were significant (RR = 0.5, 95% CI: 0.33-0.88, p = 0.01). This is inconsistent. The other was that it is stated that "The plots were symmetrical on visual inspection, indicating a risk of publication bias" but symmetry is consistent with no publication bias. Was "asymmetrical" the word that was intended to be used? As for the minor points of English; in the order they appear in the paper, they are: Abstract Background: "The results are inconsistent" not "is". Abstract Methods: "Random effects" not "Random effect". Note that this should be plural, but fixed effect should be singular. Core tip: last sentence: "benefit from using" not "on". Introduction: para 1 Line 3: "coronary" mistyped. Introduction: last sentence: Start "This article evaluates the efficacy". Search strategy: "The search was limited to and to the English language". Search strategy: "To determine that the patients were indeed Chinese." Study selection and quality assessment: Space between "1.5024" and "patients". Effectiveness



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analysis: Space between “ $p < 0.00001$ and Fig” Discussion, para 2: Start “Unfortunately, the ALPACS study was not included” Discussion, para 4: “..... this article is improved”. Discussion, para 4: “as target” is two words. Discussion, para 5: “the benefits of differential treatment are inconsistent”. Discussion, para 5: “This conclusion is consistent”. Discussion, para 5: “which suggests that both regimens”. Discussion, para 6: “Birmingham et al also found that, relative”. Discussion, para 7: “which is the largest”. Discussion, para 8: “It is unclear whether”. Conclusion, para 1: “Available evidence suggests that”. Study limitations: Space between “subgroup analysis” and involving”. Research objectives: This article evaluates the efficacy”. Research conclusions: “Our finding is significant in that when”.