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PEER-REVIEW REPORT

Name of journal: *World Journal of Cardiology*

Manuscript NO: 78486

Title: Feasibility and Efficacy of Delayed Pharmacoinvasive Therapy for ST- Elevation Myocardial Infarction

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03287313
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: United States
Author's Country/Territory: India

Manuscript submission date: 2022-07-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-07-22 10:09

Reviewer performed review: 2022-07-22 10:35

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a very well-written and interesting paper. It is educational and the findings are important and relevant. I have several observations and questions. If I read this correctly, it is neither randomized nor prospective. The patients were selected by features other than chance: 'various nonspecific reason….', so the data could have essentially been collected retrospectively and any group selection applied, right? I would make it very clear in the materials and methods section exactly how you obtained your two groups. It is easy. 'The groups were not randomized. Group 1 represented < 24 hrs and Group 2 represented the 24.1-72 hrs' or something simple. 'results stated no statistically significant difference in the clinical outcome between two therapies within 30 days of the procedure.'……Do you think you should state 'no statistically significant difference in the MEASURED clinical outcome'. How many of each group still smoked after their 'heart attack' scare? 50% in both groups were tobacco users before. Did waiting an extra day provide PTSD to incentivize that group to decrease tobacco?

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Reviewer's code: 06120257
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Assistant Professor, Deputy Director, Doctor, Intermediate Editor, Research Assistant Professor
Reviewer's Country/Territory: China
Author's Country/Territory: India

Manuscript submission date: 2022-07-18
Reviewer chosen by: Dong-Mei Wang
Reviewer accepted review: 2022-09-06 09:31
Reviewer performed review: 2022-09-17 15:59
Review time: 11 Days and 6 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
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Re-review	[Y] Yes [ ] No
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SPECIFIC COMMENTS TO AUTHORS

This is a potential interesting paper flawed by many concerns. First, this is not cohort of special patient but a Practical Clinical Trial (please report clinicaltrials.gov registration number in the paper). Second,please explain the definition of patients representing the objects of acute myocardial infarction between the two groups, and which of the following types are respectively. (1) Direct PCI: refers to direct percutaneous coronary intervention without intravenous thrombolysis to the catheter room. (2) Immediate PCI: It means that the TIMI blood flow of the vessel has been re opened after thrombolysis ≥ 2 levels for immediate PCI treatment. Its purpose is to deal with residual stenosis and prevent ischemia and reinfarction. (3) Remedial PCI: refers to immediate PCI treatment when the blood vessels are not reopened after thrombolysis and TIMI blood flow is less than level 2, which aims to make up for the failure of thrombolysis and save the myocardium. (4) Delayed PCI: In recent years, the literature has been less and less used. It refers to interventional therapy within 1-7 days after thrombolysis. Whether the thrombolysis is successful or not, the purpose is to deal with residual stenosis and prevent ischemia and reinfarction. Some literatures focus on 6-48 hours of this period. In fact, from clinical practice, most delayed PCI focuses on this period. (5) Selective PCI: PCI is performed at a selected time after myocardial infarction. For patients without symptoms or evidence of persistent ischemia, it is usually performed 1 week later. (6) Facilitating PCI: a new concept proposed in recent years, which refers to PCI after reduced thrombolysis or platelet IIb/IIIa receptor antagonist is used. The purpose is to achieve reperfusion as soon as possible, shorten the waiting time to the greatest extent,

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and reduce myocardial damage. Third,the statistical methods are inadequate. (1) Prospective research should adopt Cox proportional hazard analyses, rather than logistic regression.Cumulative event rates were estimated with Kaplan-Meier survival curves, and probability values were calculated with the log-rank test. (2) For Practical Clinical Trial, the baseline comparison between the two groups should preferably adopt the propensity scoring method.