

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Cardiology*

**Manuscript NO:** 80881

**Title:** Role of fibrinogen, albumin and fibrinogen to albumin ratio in determining angiographic severity and outcomes in acute coronary syndrome

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02602042

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Dean, Deputy Director, Research Scientist

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** India

**Manuscript submission date:** 2022-10-18

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-10-20 23:19

**Reviewer performed review:** 2022-10-22 11:12

**Review time:** 1 Day and 11 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 Grade E: Do not publish
Judgment by peer reviewers	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation?

	<input type="checkbox"/> [J31] Yes <input type="checkbox"/> [J30] No Does this manuscript use reliable research methods? <input type="checkbox"/> [J41] Yes <input type="checkbox"/> [J40] No Are the manuscript-accompanying data and figures authentic? <input type="checkbox"/> [J51] Yes <input type="checkbox"/> [J50] No Does this manuscript make scientifically significant conclusions? <input type="checkbox"/> [J61] Yes <input type="checkbox"/> [J60] No
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> [Y] Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> [Y] Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> [Y] Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> [Y] Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> [Y] No

## SPECIFIC COMMENTS TO AUTHORS

This study has an interesting topic. Authors explored the role of cost-effective, readily available biomarkers fibrinogen and albumin in predicting angiographic severity and clinical outcomes in patients with acute coronary syndrome. The manuscript has delivered important clinical message and should be of great interest to the readers. However, several factors limit the publication of the paper in its current form. 1. The sample size of this study is too small. It's hard to powerfully support their results. 2. Authors should compare fibrinogen, albumin and fibrinogen albumin ratio with other easily available inflammatory biomarkers, such as CRP, WBC, ESR, NAP score, and so on, to confirm the advantages of fibrinogen and albumin in predicting angiographic severity and clinical outcomes in ACS patients. 3. NSTEMI and UA would have different incidence rate of totally occlusive lesions in NSTEMI patients. Subgroup analysis



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should be performed.

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**Reviewer's code:** 05346851

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** India

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**Review time:** 10 Days and 4 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
Judgment by peer reviewers	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation?

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<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> [Y] Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> [Y] No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> [Y] Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> [Y] No

## SPECIFIC COMMENTS TO AUTHORS

This study highlights the role of cost-effective, readily available biomarkers fibrinogen and albumin in predicting angiographic severity and clinical outcomes in patients with acute coronary syndrome. Fibrinogen to albumin ratio independently predicted outcomes with greater accuracy compared to fibrinogen or albumin alone. However, there are some issues that need further clarification to improve the quality of the article.

1. This paper identifies coronary artery trunk occlusion in patients with myocardial infarction by the detection of biomarkers and does not assess the severity of coronary lesions seen by CAG, which may also be significant in this regard. 2. The time from onset to consultation was not given for the included ACS patients. In addition, it is desirable to have uniform standards to support the proper nouns involved in the text, such as the diagnosis of ACS. 3. A detailed description of the fibrinogen and albumin assays is

desirable. In addition, fibrinogen results may be influenced by pre-sampling treatment and whether 24 hours after admission may affect the test results 4. Inflammatory markers were addressed several times in the discussion and no other inflammatory markers were addressed in the statistical tables. 5. The conclusion section lists some new biomarkers without specifying their specific role in the management of patients with ACS. 6. The COVID-19 has reduced the number of emergency heart attack visits and affected their prognosis, and these patients also cannot be tested for these biomarkers and remain ineffective in identifying spontaneous recanalization of the responsible vessels.