

ROUND 1

Dear Editor,

Thank you for sharing valuable editor and reviewer comments regarding our submission to the World Journal of Cardiology titled **“Immediate In-hospital Outcomes of Cardiogenic Shock Complicating Acute MI after Percutaneous Revascularization”**. Manuscript ID: 86273

We have revised the manuscript as per the specific comments listed below. We believe these changes have strengthened the quality of our manuscript and that you will find it suitable for publication in the Journal.

Reviewer

#1:

Comment: Title: 1. “Acute MI” should be revised to AMI or use its full name.

Response: Thank you for the comment, as suggested “Acute MI” is changed to “AMI”

Comment: 2. “Cardiogenic Shock Complicating Acute MI” is wrong, it should be revised to “AMI Complicated by Cardiogenic Shock”, please double-check throughout the manuscript.

Response: Thank you for the comment, as suggested “Cardiogenic Shock Complicating Acute MI” is changed to “AMI Complicated by Cardiogenic Shock”

Comment: Abstract : In the methods section, please add the setting where the study was conducted.

Response: Thank you for the comment, as suggested study settings are added to the abstract

Comment: Keywords: Why did you choose “premature”, “STE-ACS”, “MACE”, and “South Asia” as the keywords in the manuscript? It is really confusing because these keywords never appear in the main text of the manuscript.

Response: Thank you for the comment, as suggested keywords are updated

Comment: Introduction: 1. Please add the epidemiology of AMI, and AMI complicated by cardiogenic shock.

Response: Thank you for the comment, as suggested keywords are updated

Comment: 2. Please use the full name of cardiogenic shock in the first instance of its appearance and consistently use the abbreviation throughout the rest of the manuscript. This also applies to “CABG” and “IABP”, please revise and double-check throughout the manuscript.

Response: Thank you for the comment, as suggested full forms are added for the abbreviations and re-checked for consistency throughout the manuscript

Comment: 3. There are some punctuation errors, for example, “Patients with cardiogenic shock are at risk of developing several in-hospital complications, some of which include; acute kidney injury (AKI): a decreased cardiac output and low blood pressure can lead to reduced kidney perfusion and subsequent AKI [6]. Arrhythmias: patients with cardiogenic shock are at increased risk of developing arrhythmias such as atrial fibrillation and ventricular tachycardia [7]. Pulmonary edema: excessive fluid administration or impaired cardiac function can lead to pulmonary edema, a potentially life-threatening condition [8]. Multiorgan failure: prolonged hypotension and decreased cardiac output can lead to impaired perfusion to vital organs, resulting in multiorgan failure [8]. Bleeding complications: invasive procedures such as PCI can increase the risk of bleeding complications [9]. Infections: patients with cardiogenic shock are at increased risk of developing infections, including catheter-related bloodstream infections and ventilator-associated pneumonia [10]. Thromboembolic events: patients with reduced cardiac output and immobility are at increased risk of developing deep vein thrombosis and pulmonary embolism [8].” Please revise and double-check throughout the manuscript.

Response: Thank you for pointing it out, as suggested punctuation errors were corrected and re-checked throughout the manuscript

Comment: 4. The citation format in the sentence “Thirdly, the use of inotropes and vasopressors should be carefully titrated to avoid complications such as arrhythmias and excessive vasoconstriction. [12]”, is wrong. Please revise and double-check throughout the manuscript.

Response: Thank you for pointing it out, as suggested citation format is corrected and re-checked throughout the manuscript

Comment: Material and Methods : 1. A typo in the sentence “This retrospective analysis was conducted at the largest tertiary care cardiac hospital in Karachi, Pakistan, after approval form the institutional ethical review board.”

Response: Thank you for pointing it out, typo in the sentence is corrected.

Comment: 2. Please add the ethics number of the study.

Response: Thank you for the comment, as suggested IRB approval number is added at the desired place

Comment: 3. A punctuation error in the sentence “Data regarding hospital course of the patients was also extracted which included; need of intra-aortic balloon pump (IABP), intubation, temporary pacemaker, inotropic support, and in-hospital complications such as sepsis, renal dysfunction, cardiac arrest, cerebrovascular accident, hypoxic brain injury, and multi-organ dysfunction.”

Response: Thank you for pointing it out, as suggested punctuation errors were corrected and re-checked throughout the manuscript

Comment: Results : 1. When you report the results, the decimal point retention number should be unified.

Response: Thank you for the comment, as suggested results are now reported up to 1 decimal place all across, except for the p-values which are reported to 3 decimal places

Comment: 2. Please do not use “be associated with” in describing the baseline clinical characteristics.

Response: Thank you for the comment, as suggested results describing baseline clinical characteristics are revised.

Comment: 3. What is “table mortalities”? It is confusing.

Response: Thank you for the comment, as suggested table mortalities are elaborated as “deaths on the catheterization table”.

Comment: 4. In the sentence “Among other causes, renal failure observed in 25.1% (42/167), multi-organ dysfunction in 19.8% (33/167), sepsis in 18% (30/167), hypoxic brain injury in 6.6% (11/167), and cerebrovascular accident in one (0.6%) patient.”, the “(0.6%)” should be revised to “0.6% (?/?)”. Please revise and double-check throughout the manuscript.

Response: Thank you for the comment, as suggested the specific statement is updated

Comment: 5. In univariable logistic regression analysis, the P-value of “side branch” is 0.090, why did you still include “side branch” in the multivariable logistical regression analysis? Please give the selective criteria of the variables in the multivariable logistical regression analysis.

Response: Thank you for the comment, the selection criteria for multivariable was “All the variables with p-value <0.20 in the univariate analysis were included in the multivariable analysis”. Same has been mentioned in the methods section at the desired place.

Comment: 6. Please use a standard three-wire table to present the results.

Response: Thank you for the comment, as suggested table format is updated

Comment: Discussion : 1. In the sentence “Cardiogenic shock (CS) is a severe form of AMI”, CS is a complication of AMI, so “form” cannot be used.

Response: Thank you for pointing it out, as suggested the sentence has been updated

Comment: 2. Please add the full name of “TIMI” and “IMPELLA”.

Response: Thank you for the comment, as suggested full form of TIMI is added however, impella is the name of device it has not full form.

Reviewer						#2:
Scientific	Quality:	Grade	D			(Fair)
Language	Quality:	Grade	B	(Minor	language	polishing)
Conclusion:						Rejection

Specific Comments to Authors: The organization of this article is not clear enough, I hope there will be a deeper discussion.

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

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract.
Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip.
Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text.
Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*)

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text.
Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.
Language Quality: Grade B (Minor language polishing)
Scientific Quality: Grade C (Good)

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World

Journal of Cardiology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

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ROUND 2

Comment: 1. When you revise the manuscript, please highlight the area your revised, it's really difficult to track the place you revised in main text of the manuscript.

Response: Thank you for the comment, as the online submission system does not allow uploading of the manuscript file, it generates a file based on its owns, hence it is not possible for us to actually send you a manuscript file with track changes.

Comment: 2. You did not give any response to the comment "Please add the epidemiology of AMI, and AMI complicated by cardiogenic shock".

Response: Thank you for the comment and sorry for missing the comment in last revision, now the epidemiology of AMI and CS in AMI are added in the introduction section.

Comment: 3. P-value <0.05 or <0.1 is more common. Is there has any reference to support "All the variables with p-value <0.20 in the univariate analysis were included in the multivariable analysis." ?.

Response: Thank you for the comment, although there are multiple criteria to filter out the potential variables for multivariable analysis. The p-value <0.20 is a commonly used criterion, and a reference to the literature is added.