



PEER-REVIEW REPORT

Name of journal: *World Journal of Radiology*

Manuscript NO: 87588

Title: Association Between Late Gadolinium Enhancement and Outcome in Dilated Cardiomyopathy: A Meta-Analysis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 03498422

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: Italy

Author’s Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-08-31 17:26

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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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The Authors wrote a meta-analysis on the prognostic role of LGE in DCM. The topic is interesting, even though several points should be addressed. In the Methods, what did the Authors mean with "cardiac events" for the composite endpoint? Please correct several typing errors throughout the manuscript (for example, in the the Methods "cycle length of r240 ms (ie, Z250 beats/min). "). In the Methods, "Sustained VT was defined as tachycardia originating in the ventricle with rate 4,100 beats/min and lasting 430 seconds or requiring an intervention for termination. " Please check. In the Results (Figures 2,3) it is unclear what the "overall" line at the bottom of each figure means. It would work if each single subtotal analysis was mutually exclusive (for example arrhythmic + ischaemic + HF endpoints), but in this case all cause mortality, arrhythmias and composite events are largely overlapping, so that an "overall" analysis should theoretically be already present in the "composite" endpoint. Same concerns for figures 4 and 5 (LGE location, what does an "overall" analysis mean in this case, considering that a patient might present LGE in several different location at the same time?) Same concerns for figures 6 and 7 (LGE pattern, what does an "overall" analysis



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mean in this case, considering that a patient might present LGE with several different patterns at the same time, so that the "multiple" pattern should already represent an overall analysis?) The Authors should stress in the discussion the possible heterogeneity among studies as far as LGE quantification is concerned.