

PEER-REVIEW REPORT

Name of journal: World Journal of Meta-Analysis

Manuscript NO: 35639

Title: Complete revascularization reduces adverse outcomes in patients with multivessel coronary artery disease

Reviewer's code: 00735706

Reviewer's country: Malaysia

Science editor: Fang-Fang Ji

Date sent for review: 2017-08-04

Date reviewed: 2017-08-21

Review time: 17 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [] High priority for publication
<input type="checkbox"/> [Y] Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> [] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors have analysed an important aspect of CHD treatment. The findings are important.

PEER-REVIEW REPORT

Name of journal: World Journal of Meta-Analysis

Manuscript NO: 35639

Title: Complete revascularization reduces adverse outcomes in patients with multivessel coronary artery disease

Reviewer's code: 02453616

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2017-08-04

Date reviewed: 2017-08-23

Review time: 19 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors used meta-analysis to investigate the outcomes (mortality, myocardial infarction(MI) and repeat revascularization) of interest after CR or ICR using public datasets. They have shown clear data collection scheme and well-controlled statistical tests. There are a couple of places that are not clear to the readers for editorial purposes: 1. The acronym of IR and ICR for incomplete revascularization have been mixed in use. Please unify the use of the term. 2. In Methods, the authors described the hand-search method that was used and previously validated. Since this method contribute a significant portion of the datasets, it is better to have a brief description for the method in this section for the sake of clarity to the readers. 3. There are a couple of places where the statistical significance within the >60 yo group was described (for example, motality and MI). How about the <60 yo group? If it is not statistically significant, it would be

better to describe for completeness. 4. In page 9, MI, the authors described "Of the ten studies, seven reported MI and were used for this analysis. CR is associated with reduced rates of MI as compared to IR." Does this have anything to do with more prior MI in the ICR group (46.1% vs 39.8%)? Perhaps the difference between 46.1% and 39.8% is not significant. Is MI after ICR associated with prior MI in these cases?

PEER-REVIEW REPORT

Name of journal: World Journal of Meta-Analysis

Manuscript NO: 35639

Title: Complete revascularization reduces adverse outcomes in patients with multivessel coronary artery disease

Reviewer's code: 03017516

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2017-08-21

Date reviewed: 2017-08-27

Review time: 6 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Congratulations for the well written study on an interesting topic. May you add quality evaluation and assessment of the risk of bias of the included studies?