

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA **Telephone:** +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 68042

Title: Long-term outcomes of complex high-risk percutaneous coronary interventions

under extracorporeal membrane oxygenation support: an observational study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03497479 Position: Editorial Board Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Croatia

Author's Country/Territory: China

Manuscript submission date: 2021-08-02

Reviewer chosen by: Fei-Yan Lin (Online Science Editor)

Reviewer accepted review: 2021-10-16 09:41

Reviewer performed review: 2021-10-23 12:15

Review time: 7 Days and 2 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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I read with great interest the article entitled "Long-term outcomes of complex high-risk percutaneous coronary interventions under extracorporeal membrane oxygenation support: an observational study" by a group of Beijing authors. It is a unicentric, retrospective, and observational cohort study that analyzed the effect of using VA-ECMO devices as a support during high-risk PCI. This is a potentially valuable article and results that establish the use of VA-ECMO devices in high-risk PCI, especially in cases of hemodynamic instability of the patients. In-hospital mortality is expectedly high, especially in the rescued group using VA-ECMO devices. Also, mortality is relatively low after discharge from the hospital in a one-year follow-up period, which encourages further research and the wider use of VA-ECMO in practice. Before considering the publication of this article, I advise to exclude the term "complex" from the title and text because it is a high-risk PCI, but not always complex lesions of the coronary arteries due to anatomical and other reasons. Are ECHO parameters determined before or after the PCI procedure? How the authors explain the relatively high percentage of patients with UA vs. NSTEMI / STEMI? It should be further noted that 42% of pts. had IABP which certainly affected the results and makes an additional bias.