

ROUND 1

Authors' Responses to the Reviewer and The Editor

Specific Comments to Authors: This is an interesting manuscript with a hot issue, and such clinical research is likely to attract the attention of clinicians. However, there are a few points that need to be added: 1) In a clinical study with such a small sample, it is difficult to draw a convincing conclusion, that the longer interval from symptom onset to FMC is the cause of increased MACE in-hospital and at 14 days in the COVID-19 group. The conclusion needs larger samples and randomized controlled studies for further confirmation. Please add such concerns in the limitation section.

Authors: Thank you. This limitation has now been mentioned at the end of Discussion—*“Our study has inherent limitations of a retrospective study and moreover the small sample size limits generalization of our results. While we could expect the time from symptom onset to FMC to hold, we should be cautious in assuming that the degree of delay and clinical outcomes can be generalized to healthcare facilities globally.”*

2) When the authors draw the current conclusion, they should provide baseline data on the location of myocardial infarction, the anatomical characteristics of culprit coronary and the non-culprit ones, and other baseline data that affect the outcomes of the two groups of STEMI patients. 3) How to define hyperlipidemia in Table 1?

Authors: The location of myocardial infarction along with information about the culprit and non-culprit arteries are now described in Table 1.

: Hyperlipidemia in Table 1 was cited based on the diagnosis of hyperlipidemia mentioned in patients' discharge summaries. Hyperlipidemia was coded as per the ICD 10 codes. Because of the retrospective nature of the study, the authors did not have the opportunity to order lipid panel at specific times during patients' admission.

(1) Science editor: 1 Scientific quality: The manuscript describes an evidence-based medicine of the challenges in managing ST elevation myocardial infarction during the COVID-19 pandemic. The topic is within the scope of the WJC. (1)

Classification: B. (2) Summary of the peer-review report: This is an interesting manuscript with hot issue. However, there are several problems in the conclusion and table that need to be supplemented. The questions raised by the reviewers should be answered. (3) Format: 1 table. 5 references were cited, including 5 references published in the last 3 years. No self-citation. 2 Language evaluation: A. 3 Academic norms and rules: The authors provided the biostatistics review certificate. The PRISMA 2009 Checklist requires adding page numbers. The authors need to provide the signed conflict-of-interest disclosure form and copyright license agreement. No academic misconduct was found in the Bing search. 4 Supplementary comments: (1) Unsolicited manuscript. (2) The topic has not been published in the WJC. 5 Issues raised: (1) The "Author List" section is missing. Please provide the author list; (2) The "Author Institutions" section is missing. Please provide the author institutions information; (3) The "Author Contributions" section is missing. Please provide the author contributions; (4) The "Corresponding author" section is missing. Please provide the corresponding author information; (5) The "Abstract" section is missing. Please provide the abstract, including "BACKGROUND", "AIM", "METHODS", "RESULTS" and "CONCLUSION"; (6) The "Core Tip" section is missing. Please provide the core tip; (7) The "CONCLUSION" section is missing. Please provide the conclusion; and (8) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text. 6 Recommendation: Conditional acceptance.

Authors: All the missing sections and documents have been completed. We would like to thank the Editor and the Reviewer for their valuable inputs.

ROUND 2

I apologize for leaving out the table inadvertently during the last submission. Please find the manuscript with Table 1 at the end of the manuscript.