

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 70556

Title: Predictors of Unfavorable Outcome at 90 Days in Basilar Artery Occlusion Patients

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04105454

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Taiwan

Manuscript submission date: 2021-08-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-31 16:17

Reviewer performed review: 2021-08-31 16:25

Review time: 1 Hour

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 Grade E: Do not publish
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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

it is well written paper it is retrospective study that decrease its strength

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Reviewer's code: 05351456

Position: Editorial Board

Academic degree: FACP, MBBS

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Taiwan

Manuscript submission date: 2021-08-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-31 13:53

Reviewer performed review: 2021-08-31 18:54

Review time: 5 Hours

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 Grade E: Do not publish
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
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Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

Peer review: Major comments: Define “unfavorable and unfavorable outcomes” before using the term “However, there are relatively few clinical investigations and treatment suggestions compared with the anterior circulation stroke.” What does this mean? This sentence has no relation/correlation with the previous sentence in the manuscript. Background should focus more on providing the “background for the current study” what is known, what is unknown, what do the authors intend to do with the current proposal. Methodology: Author provide no evidence with regards to choice of primary outcome contrast. Why did the authors use mRS instead of other scales used to assess functional outcome such as trunk impairment scale, the fugl-meyer assessment of sensory motor function after stroke, MMSE, functional ambulation category (FAC) or the modified Barthel index (MBI). If the authors believe that mRS has the best evidence supporting its validation then appropriate citations should be included.

Authors need to provide details for adverse events (AEs) related to intra-arterial thrombolytic group and non IAT group as well in table 1. Table 1 should be appropriately representing only the baseline characteristics and instead including outcome data such as favorable functional outcome. Categories with less than 10 patients should be clubbed together to improve the readability of table 1, otherwise the table appears to be unnecessarily long. It is unclear why the authors have separated non-IAT patients from IAT patients for the analysis (for Tables 2 and 3). Initial analysis most performed on total 99 patients (univariate analysis). Subsequently for multivariate analysis as presented in table 4 authors can assess if IAT vs non-IAT was one of the factors that favor a better functional outcome after adjusting for other confounding variables. Current statistical scheme is inconsistent with the title and the



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aims of the paper. I would strongly suggest re-analysis and redoing tables 1-4 for better presentation of the results that are meaningful for the readers.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Academic degree: FACP, MBBS

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Taiwan

Manuscript submission date: 2021-08-10

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2021-11-16 16:37

Reviewer performed review: 2021-11-16 17:27

Review time: 1 Hour

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
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
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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



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SPECIFIC COMMENTS TO AUTHORS

Authors have made the required changes to the manuscript. The flow of the manuscript is much improved along with the interpretation of the statistical analysis. As per the revised analysis the most significant factor which determines the long-term outcome is the initial NIHSS score. There is enough literature available which has established this fact previously. The current manuscript is adding no/ minimal new information.