PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68595

Title: Bilirubin is a protective predictor of perioperative myocardial infarction and its long term prognosis in patients undergoing percutaneous coronary intervention: a retrospective cohort study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03477174

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

Manuscript submission date: 2021-09-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-29 06:17

Reviewer performed review: 2021-10-03 15:07

Review time: 4 Days and 8 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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 [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection

Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1. An independent relationship was found between both MACE and PMI and tertile III (see tables 2 and 3). Tertile III is the group with the highest bilirubin level. According to the authors' results, there is a positive association between high bilirubin and MACE and PMI. Authors should recheck their results. 2. Hemolytic anemia, viral hepatitis, vitamin b12 deficiency, heart failure are common causes of hyperbilirubinemia. It should be clearly stated that these factors were excluded in this study. 3. Smoking increases bilirubin levels. Some of the patients included in the study are smokers. A subgroup analysis or adjustment is necessary to elucidate this situation. 4. Information about the post hoc tests used in the study should be given. 5. More details about bilirubin should be written in the introduction. 6. The language of the article should be reviewed by a native speaker.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02446694

Position: Editorial Board

Academic degree: FACC, FACP, FAHA, FESC, MD, PhD

Professional title: Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-09-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-29 13:04

Reviewer performed review: 2021-10-06 20:00

Review time: 7 Days and 6 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

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SPECIFIC COMMENTS TO AUTHORS

This was an interesting study because it incorporates a large number of eligible patients. As a reviewer, I would like to make a few comments. #1 The number of stents was included in the MACE analysis, but the number of stents was not included in the PMI analysis. Why did not the authors include the number of stents in the PMI for analysis?

#2 Did MACE include PMI? The authors should clarify this. Furthermore, the authors should clarify the effect of the presence of PMI on MACE. #3 FFR, IVUS, and OCT use were included as the factors for PMI. The authors should discuss about it a little bit as well. #4 Chronic liver disease was excluded in the eligible patients, please define chronic liver disease. #5 I think the title of Table 2 should be "Factors affecting PMI in univariate and multivariate analysis".