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OPEN PEER REVIEW

Prognostic Value of SYNTAX Scores for Predicting Major Cardiac Adverse Events in Patients with Acute Myocardial Infarction Treated with Primary Percutaneous Coronary Intervention

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SUBMITTED	REVISED	ACCEPTED
4 Mar 2023	30 Jun 2023	12 Jul 2023

About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

More about open peer review: brieflands.com/knowledgebase/opr

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1 Original submission

4 comments · 7 May 2023 – 21 Jun 2023

Hamed Bazrafshan Drissi Reviewer

MAJOR REVISION 7 May 2023

Thank you so much for submitting your interesting article to our journal. I think that if you change some items, your article will be more interesting.
1. It is very important to discuss the type of MI in each group (ant MI or inf MI, etc.).
2. You should report the EF and echocardiography findings. MACE differs in patients after PPCI depending on whether EF is 10% or 40%.
3. Why don't you say anything about medication in the hospital and OPD?
4. Did all patients undergo PCI with a drug-eluting stent?
5. You can use two articles about SYNTAX score to improve your introduction:
1. The utility of SYNTAX score predictability by electrocardiogram parameters in patients with unstable angina. Published in bmc cardiovascular disorder; and
2. The potential of HEART score to detect the severity of coronary artery disease according to SYNTAX score. Published in scientific report.

Referee 1 Reviewer

ACCEPT 21 Jun 2023

Hi
This manuscript is accepted for publication.

Associate Editor

MINOR REVISION 21 Jun 2023

Needs revision.

Editor-in-Chief

MINOR REVISION 21 Jun 2023

Please make the revisions based on the comments.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Reply to Reviewers

Thank you very much for your very useful comments. Here are the explanations and corrections based on your comments.

Reviewer 1:
thanks so much for submit your interesting article in our journal. I think if your can change some item, your article be more interesting.
Response: Thank you very much for your comments.

1. it is very important to speak about type of mi in any group?(ant mi or inf mi or....)

Response:We have added in the text
2.you should say the ef and echocardiography finding?) mace is different in patient after ppci if ef was 10% or 40%).

Response:We have added to the text
3.why you dont say any think about medication in hospital and opd?

Response:We added in the tables
4.all of the patient pci with drug eluting stent?

Response: Yes, almost all patients were stented with drug eluting stents as guidelines. We don't have bare metal stents in Vietnam market since 2018.
5.you can use two artical about syntax score for improve your introduction:
1.The utility of SYNTAX score predictability by electrocardiogram parameters in patients with unstable angina. from bmc cardiovascular disorder and,

Response:Yes, it is added.
2.The potential of HEART score to detect the severity of coronary artery disease according to SYNTAX score. from scientific report.

Response:Yes, it is added.

Reviewer 2:
Abstract :
Add the sampling method , statistical method and so om in method section

Response:Yes, added.
Please explain all the acronyms in full for the first time

Response:Done
Why is Cox regression not used instead of linear regression?

Response:Thank you, it is Cox regression analysis, not linear regression. We have changed accordingly.
Pleas add the type of study . You must be reported the HR instead of RR

Response:Yes, we have changed accordingly
Add the p value and r in results.

Response:Yes, we have done it.
Main body :
Please add mean instead of average word.

Response:Yes, we have done it.
Add the number for all percentage in the text.

Response:Yes, we have done it.
The reason for using linear regression is not clear? You have had a prospective longitudinal study where your event is mortality and you have had time, so as a predictive model you should use the Cox model and not the linear model.

Response:Thank you, it is Cox regression analysis, not linear regression. We have changed accordingly.
Of course, according to the graphs, it is better to use a cures model. Please consult an experienced biostatistician in this field.

Response:Yes, our biostatistician said we can keep the Kaplan Meier curve. Thanks a lot.
We have similar articles that you can use as a reference.The Impact of Diabetes Mellitus on 1-Clinical Outcomes after Percutaneous Coronary Intervention with Different Stent Sizes

Response: We already added
2- Impact of type II diabetes and gender on major clinical events after percutaneous coronary intervention

Response:We already added

3- The Impact of Smoking on Clinical Outcomes after Percutaneous Coronary Intervention in Women Compared to Men

Response:We already added

Reviewer 3:

Hi

This manuscript is accepted for publication

Response: Thank you very much

2 Revision 1

2 comments · 4 Jul 2023 – 12 Jul 2023

Associate Editor

ACCEPT 4 Jul 2023

accept

Editor-in-Chief

ACCEPT 12 Jul 2023

accept