

### Review Form 3

Journal Name:	<a href="#">Asian Journal of Cardiology Research</a>
Manuscript Number:	Ms_AJCR_128972
Title of the Manuscript:	Decoding In-Stent Restenosis: A Single Center Experience
Type of the Article	Original Research Article

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This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guidelines for the Peer Review process, reviewers are requested to visit this link:

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**PART 1: Comments**

	<b>Reviewer's comment</b>	<b>Author's Feedback</b> <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<b>Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.</b>		
<b>Is the title of the article suitable? (If not please suggest an alternative title)</b>		
<b>Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.</b>		
<b>Is the manuscript scientifically correct? Please write here.</b>		
<b>Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.</b>		

**Review Form 3**

<p><b>Is the language/English quality of the article suitable for scholarly communications?</b></p>		
<p><b>Optional/General</b> comments</p>	<p><b>Decoding In-Stent Restenosis: A Single Center Experience</b></p> <p>The above scientific document on the treatment of in-stent restenosis (ISR) presents this problem well. The analysis concerns 50 cases from a single research center. The analysis included patients with both chronic coronary syndrome and those in whom the manifestation of ISR was acute coronary syndrome, however, several groups of patients, including patients with STEMI, were excluded from this analysis, which could have influenced the final conclusions. The main limitation of the analysis is the small number of patients, especially those treated with drug-coated balloons. The main reason for ISR was underexpansion of the stent, which correlates with other reports on ISR. The researchers presented that the use of ticagrelor and prasugrel correlated with a reduced number of MACCE, but they did not specify whether the use of these drugs was associated with the presentation of acute syndrome (then it is also obvious), or they were also used in stable coronary disease. There is also no data on the choice of DES vs. DCB depending on the cause of ISR. In the case of imaging and detection of stent under-expansion, there is no data on the percentage of cases in which the recommended stent apposition was achieved.</p> <p>The use of imaging to optimize ISR treatment resulted in a reduction of MACCE seems to be an obvious conclusion. The conclusion that a greater number of devices used translates into a better result, without specifying in how many cases success was achieved, e.g. 80% stent expansion, seems not obvious.</p> <p>Apart from the above-mentioned comments, I consider the analysis to be good and worth publishing.</p>	

**PART 2:**

	<p><b>Reviewer's comment</b></p>	<p><b>Author's comment</b> (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</p>
<p><b>Are there ethical issues in this manuscript?</b></p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

**Reviewer Details:**

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