Review Form 1.6

Journal Name:	**Cardiology and Angiology: An International Journal**
Manuscript Number:	**Ms_CA_79024**
Title of the Manuscript:	**Effect of cigarette smoking on location of infarction in patients presented with ST-segment elevation myocardial infarction**
Type of the Article	**Original Research Article**

General guideline for Peer Review process:

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 guideline for Peer Review process, reviewers are requested to visit this link:

(https://www.journalca.com/index.php/CA/editorial-policy)

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PART 1: Review Comments

	Reviewer's comment	**Author's comment** *(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)*
Compulsory REVISION comments	IRA definition? Type of intervention? Methodology says everyone got PCI. Table 3 please write all abbreviation definitions. In results when defines statistically significant, please define how, for example SBP was higher in which group? Its not mentioned, but non-smokers had more anterior MI than smokers. English grammar errors need to be corrected, if possible, revision by native English speaker. **Please highligh limitations of the study**	
Minor REVISION comments	It's important to address even if the result has a statistical difference if has clinical relevance, for example, DBP 82 vs 87hgmm may have a statistical difference, but not too much clinical relevance because both are similar. The role of blood pressure on AMI is not discussed and represents a major CV risk, statistical analysis shows a significant difference between groups that should be discussed. Discussion about LV EF is repeated, I suggest first discussing surrounding risk factors that were different and their possible connection to MI location to and in MI location between smokers and no smokers and its relation with LV dysfunction or mortality. Because of the multiple variants that were different between groups, and there is no correlation study but just a comparison test, you can confirm this hypothesis, but suggests a possibility... " We highlighted that Smoking **MAY** increase the risk of inferior ST-Elevation Myocardial Infarction (STEMI). Smokers **MAY** experience coronary artery disease at a younger age than non-smoker" A graphic for the may objective of the study could be more representative than the table (MI localization)	
Optional/General comments		

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PART 2:

	Reviewer's comment	**Author's comment** *(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)*
Are there ethical issues in this manuscript?	*(If yes, Kindly please write down the ethical issues here in details)*	

Reviewer Details:

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