SDI Review Form 1.6

Journal Name:	Asian Journal of Cardiology Research
Manuscript Number:	**Ms_AJCR_53641**
Title of the Manuscript:	**ROLE OF NLR IN CONJUNCTION WITH CORONARY ARTERY INVOLVEMENT AS A BIOMARKER FOR THE MAGNITUDE OF CURRENT OF INJURY, TYPE OF INTERVENTION AND CLINICAL OUTCOMES IN STEMI**
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:

(http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline)

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	The authors tried to reveal the correlation between NLR and early follows of the STEMI patients treated with fibrinolysis. The weakness of the article could be summarized as follow - The sample size is so small - The correlation of the NLR and coronary artery disease was already reported in the definitive clinical settings with larger sample size - Streptokinase is relatively weak fibrinolytic agent comparing to new generations. It is no longer in use in the most of the cardiac centers. - The scientific value of the article could be more valuable if the authors add the patient groups treated with primary percutaneous interventions (PCI). Comparision between fibrinolysis and PCI in context with NLR could add valuable data to current medical literature.	• Smaller sample size is already mentioned in the limitations • We do agree that the association between CAD and NLR is established, we wanted to explore this in our setting and population. Also we wanted to determine that NLR can be used as a marker for severity of CAD requiring PTCA/CABG • In our center, Streptokinase is used. • Since the sample was small (n=30), out of which 8 expired. Few of them were subjected to primary PCI. Hence, comparison between fibrinolysis and PCI in context with NLR could not statistically drawn.
Minor REVISION comments		
Optional/General comments	-	

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)*	