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## REVIEWER'S REPORT

Manuscript No.: IJAR-58178

Title: Severity, Not Presence, of Diastolic Dysfunction Drives Perioperative Cardiovascular Risk Before Non-Cardiac Surgery: A Prospective Cohort Study Proposing a Severity-First Triage Framework

### Recommendation:

- Accept as it is .....
- ✓ Accept after minor revision.....
- Accept after major revision .....
- Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

Reviewer Name: Dr S. K. Nath

### Detailed Reviewer's Report

#### Strength of the study:

- The study addresses an important clinical problem in perioperative medicine
- Prospective cohort design improves the reliability of the findings
- Ethical approval and informed consent are clearly documented
- Appropriate statistical methods and established guidelines were followed
- Results are presented with clear tables and figures
- The proposed triage framework has practical clinical value
- Discussion is balanced and supported by current literature

#### Weakness of the study:

- The study was conducted at a single center with a limited sample size
- The number of cardiovascular events was relatively small
- External validation of the proposed framework is lacking
- Longer follow up after hospital discharge was not included
- Molecular or advanced imaging markers were not fully explored
- Some sentences are lengthy and need language refinement
- Generalizability to other populations remains limited

#### Reviewers Comments:

This manuscript presents a well-designed prospective study on the prognostic value of diastolic dysfunction in patients undergoing non-cardiac surgery. The topic is clinically relevant, and the proposed Severity-First Triage Framework adds practical value for perioperative risk assessment. The methodology is appropriate, statistical analysis is adequately performed, and the findings are presented in a logical and understandable manner. Ethical clearance and written informed consent have been clearly mentioned, which strengthens the credibility of the work. The manuscript is generally well written, although some long sentences and minor grammatical issues should be revised to improve readability. The authors have appropriately discussed the main limitations, including the single-center design, limited sample size, and absence of long-term follow up. External validation of the proposed framework would further strengthen its clinical applicability. Overall, this is a meaningful and well-conducted study that makes a useful contribution and is suitable for publication after minor revision.

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### **Previously Published anywhere/Plagiarism check:**

The manuscript appears to be original and there is no obvious indication that it has been published elsewhere. No clear evidence of plagiarism was observed during this review. However, the journal should complete a routine plagiarism similarity check before final acceptance to ensure compliance with publication ethics and originality requirements.