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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 ID: JP085

Reviewer's Comment for Publication.

This study evaluated the prognostic value of isolated left ventricular diastolic dysfunction (DD) in predicting perioperative major adverse cardiovascular events (MACE) in patients with preserved left ventricular ejection fraction undergoing non-cardiac surgery. The study found that isolated DD alone was not an independent predictor of MACE, while high-risk surgery and a higher Lee score were significant predictors. The authors propose a Severity-First Diastolic Triage (SFDT) framework to improve preoperative cardiovascular risk assessment.

Strength:

1. Addresses an important topic in perioperative cardiovascular risk assessment.
2. Appropriate statistical analyses, including multivariable logistic regression and ROC analysis.
3. Introduces a practical Severity-First Diastolic Triage framework.
4. Results are clearly presented with tables and figures.
5. Findings are clinically relevant for preoperative evaluation.

Weakness:

1. Small sample size and single-center study limit generalizability.
2. Few MACE events reduce statistical power.
3. External validation of the proposed SFDT framework is lacking.
4. Long-term postoperative outcomes were not evaluated.
5. Minor language, formatting, and referencing errors need correction.
6. Some discussion points require stronger comparison with previous literature.

Overall assessment:

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The manuscript presents a clinically relevant evaluation of diastolic dysfunction in perioperative risk prediction. The methodology is appropriate, and the proposed SFDT framework is a useful contribution. However, the limited sample size and lack of external validation reduce the strength of the conclusions. Minor revisions would improve the manuscript.

Recommendation: Manuscript accepted for publication aftee minor revision.