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PEER-REVIEW REPORT

Name of journal: *World Journal of Pharmacology*

Manuscript NO: 115880

Title: Re-evaluating aspirin in the era of potent YY12 inhibitors: Ticagrelor monotherapy after percutaneous coronary intervention

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08562458
Position: Peer Reviewer
Academic degree and professional title: DDS, Professor, Researcher
Reviewer's Country/Territory: Brazil
Author's Country/Territory: Bangladesh

Manuscript submission date: 2025-10-27

Reviewer chosen by: Jia-Lin Zhang

Reviewer accepted review: 2026-01-12 11:48

Reviewer performed review: 2026-01-12 12:59

Review time: 1 Hour

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? **Yes** Is there any Key Word that is not included in the manuscript title? **Yes** Do authors' affiliations correspond to the content of the manuscript? **Yes** Does the Abstract contain the contents of each part of the manuscript (IMRaD)? **Yes** Are the Key Words complete? **Yes**

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	Is the content of the Introduction adequate? **Yes** Is the content of the Materials and Methods complete? **Yes** Is the description of the experiments clear and complete? **Yes** Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes** Are the experimental data of the Results true and reliable? **No** Are the quality and resolution of the images up to standard? **Yes** Do the selection and design of the figures and tables follow the principles of necessity and clarity? **No** Is there any duplication between various parts of the manuscript and between the main text and the content presented in the figures and tables? **No** Are the figures and tables numbered consecutively in the order in which they appear in the manuscript? **No** Is the content of the Discussion reasonable? **No** Is the Conclusion reasonable? **Yes** Are all references necessary and reasonable? **Yes** Do authors omit important references? **Yes** Are all references related to the topic of the manuscript? **Yes** Do authors only cite their own earlier publications? **No** Is the manuscript's text correct, concise, and clear? **Yes** Will the manuscript's content be of interest to readers? **Yes** Are additional experiments needed for the study? **No** Does the research scope comply with ethics? **Yes**

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Scientific quality	Grade B (Very good)
Novelty of this manuscript	Grade B (Very Good)
Creativity or innovation of this manuscript	Grade B (Very Good)
Scientific significance of the conclusion in this manuscript	Grade B (Very Good)
Language quality	Grade B (Very good)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Major revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Onymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	No

SPECIFIC COMMENTS TO AUTHORS

Dear Authors,

I would like to congratulate you on the clarity of writing and overall organization of this systematic review and meta-analysis. The manuscript addresses a highly relevant clinical question and is generally well structured. However, I identified several methodological and reporting issues that should be addressed to improve transparency, reproducibility, and adherence to PRISMA 2020 recommendations.

Protocol registration (PROSPERO / similar platforms)

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The manuscript states that a protocol was drafted a priori, but no registration number or public link is provided. Please clarify whether the protocol was registered prospectively (e.g., in PROSPERO). If prospective registration was not performed, I strongly recommend retrospective registration and inclusion of the protocol link in the manuscript. This would substantially strengthen the methodological credibility of the review.

Databases searched (MEDLINE and PubMed)

The Methods section reports MEDLINE and PubMed as separate databases. Since PubMed is the primary interface for MEDLINE, this distinction is unclear. Please clarify:

Whether MEDLINE was searched via another platform (e.g., Ovid, EBSCO), and

How this differed from the PubMed search.

Clear specification of search platforms is essential for reproducibility.

Search strategy availability

The manuscript states that the full search strategy is available "on request." Current best practices strongly encourage making complete search strategies publicly available, preferably:

As supplementary material, or

Within the main manuscript if supplementary files are not permitted by the journal.

This change would substantially improve transparency and alignment with PRISMA standards.

Study screening and selection process

The screening process lacks information on the software or platform used (e.g., Rayyan, Covidence, EndNote, Excel, manual screening). Please explicitly state:

Which software or tool was used, and

Whether screening was conducted independently and in duplicate within that platform.

PRISMA flow diagram – internal inconsistencies

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Several issues in the flow diagram require clarification:

It would be helpful to report the number of records identified per database, rather than only aggregate totals, to enhance reproducibility.

Although the Methods state that no language restrictions were applied, four studies were excluded for being in "other languages." This appears contradictory. Please clarify:

Which languages were excluded, and

Whether a language restriction was effectively applied during full-text screening.

There is confusion regarding the number of full-text articles assessed and excluded (n = 64). If all 64 were excluded, it is unclear how four studies remained included. The numerical flow should be carefully revised for internal consistency.

Discussion – breadth of referenced literature

While the Discussion is well written, it relies almost exclusively on the included trials. A discussion section can (and often should) incorporate relevant external literature that was not eligible for inclusion (e.g., observational studies, mechanistic studies, broader antiplatelet therapy literature) to better contextualize findings. I recommend reassessing whether additional references could strengthen interpretation and external validity.

Table summarizing characteristics of included studies

I could not identify a table providing a structured synthesis of the included trials (e.g., study design, population, sample size, clinical setting, DAPT duration, follow-up, primary outcomes). Such a table is essential for transparency and allows readers to quickly understand key similarities and differences among the included studies. I strongly recommend including a comprehensive "Characteristics of included studies" table.

Risk of bias assessment – tables and figures

Although the Methods section states that the Cochrane Risk of Bias 2 (RoB 2) tool was used, I could not find:

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A table summarizing the risk of bias judgments for each domain and each included study; nor

The standard RoB 2 visual outputs (e.g., traffic light plots and/or summary figures).

For transparency and consistency with best practices, these materials should be presented either in the main manuscript or as supplementary files.

Discussion of study quality and risk of bias

The Discussion does not explicitly address the methodological quality of the included trials. Even when overall risk of bias is low or judged as "some concerns," it is important to:

Discuss how study design features (e.g., open-label vs double-blind designs) may have influenced outcomes; and

Acknowledge how risk of bias assessments affect confidence in the pooled estimates.

A brief paragraph contextualizing the results in light of study quality would significantly strengthen the interpretation of findings.

Including these elements would improve adherence to PRISMA 2020 recommendations and enhance the credibility and interpretability of the review.

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Manuscript NO: 115880

Title: Re-evaluating aspirin in the era of potent Y12 inhibitors: Ticagrelor monotherapy after percutaneous coronary intervention

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08523902
Position: Peer Reviewer
Academic degree and professional title: PhD
Reviewer's Country/Territory: China
Author's Country/Territory: Bangladesh

Manuscript submission date: 2025-10-27

Reviewer chosen by: Jia-Lin Zhang

Reviewer accepted review: 2026-01-12 09:58

Reviewer performed review: 2026-01-15 02:07

Review time: 2 Days and 16 Hours

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? **Yes** Is there any Key Word that is not included in the manuscript title? **Yes** Do authors' affiliations correspond to the content of the manuscript? **Yes** Does the Abstract contain the contents of each part of the manuscript (IMRaD)? **Yes** Are the Key Words complete? **Yes**

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Scientific quality	Grade B (Very good)
Novelty of this manuscript	Grade B (Very Good)
Creativity or innovation of this manuscript	Grade B (Very Good)
Scientific significance of the conclusion in this manuscript	Grade B (Very Good)
Language quality	Grade C (Good)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	Yes
Does this manuscript report an unconventional innovation?	Yes
Conclusion	Minor revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	No

SPECIFIC COMMENTS TO AUTHORS

This systematic review and meta-analysis addresses a timely and clinically relevant question regarding the optimal antiplatelet strategy following PCI in high-risk patients. The topic is well-chosen, the methodology is largely sound, and the conclusions are supported by the data presented. The manuscript is generally well-written and structured according to standard reporting guidelines. However, several important issues require clarification and revision before the manuscript can be considered for publication.

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1.The corresponding author is listed as "Abdul Mabood Basil" with an email and address in Afghanistan, while the author list includes "Abdul Basit" as the first author from Pakistan. Please clarify whether this is the same person or a different individual, and ensure that author names and affiliations are consistent throughout the manuscript.

2.For the T-PASS trial, the authors state that hazard ratios were "estimated from reported event counts." The method used for this estimation should be explicitly described (e.g., using a Cox model approximation or other validated method). Without this, the validity of the pooled HR is uncertain. The description of which trials contributed to which outcomes is sometimes confusing (e.g., in the "Major bleeding" section, TICO and T-PASS are mentioned, but the footnote references ULTIMATE-DAPT). Please ensure consistency between text and footnotes.

3.The authors state that sensitivity and subgroup analyses were not performed due to limited trial numbers, which is understandable. However, given the clinical diversity among trials (e.g., DAPT duration, population ethnicity), a brief discussion on the potential impact of these factors on the results would strengthen the discussion. The statement "I^2=0% in all outcomes except three-point MACE" appears inconsistent with the reported I^2=34% for major bleeding. Please verify and correct.

4.The discussion largely reiterates the results and does not sufficiently engage with potential mechanistic explanations for the findings (e.g., pharmacodynamic properties of ticagrelor, platelet reactivity profiles). The clinical implications section could be expanded to address practical scenarios (e.g., how to define "high bleeding risk," management in patients on oral anticoagulation, cost considerations).

5.Several in-text citations are incorrectly formatted (e.g., "[3]" appears in the Methods section but references TWILIGHT, which is citation [1] in the reference list). Please ensure all citations match the numbered reference list accurately. Some references include hyperlinks, which are not appropriate for a formal manuscript. Replace with

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standard journal citations.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Pharmacology*

Manuscript NO: 115880

Title: Re-evaluating aspirin in the era of potent Y12 inhibitors: Ticagrelor monotherapy after percutaneous coronary intervention

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08523902
Position: Peer Reviewer
Academic degree and professional title: PhD
Reviewer's Country/Territory: China
Author's Country/Territory: Bangladesh

Manuscript submission date: 2025-10-27
Reviewer chosen by: Qian Zuo
Reviewer accepted review: 2026-02-06 02:32
Reviewer performed review: 2026-02-06 02:50
Review time: 1 Hour

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? **Yes** Is there any Key Word that is not included in the manuscript title? **Yes** Do authors' affiliations correspond to the content of the manuscript? **Yes** Does the Abstract contain the contents of each part of the manuscript (IMRaD)? **Yes** Are the Key Words complete? **Yes**

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Novelty of this manuscript	Grade B (Very Good)
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Scientific significance of the conclusion in this manuscript	Grade B (Very Good)
Language quality	Grade B (Very good)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	Yes
Does this manuscript report an unconventional innovation?	Yes
Conclusion	Accept
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	No

SPECIFIC COMMENTS TO AUTHORS

I accept the author's revisions. The manuscript has been carefully updated in response to my comments, including corrections to the results and figure notes, clarification of heterogeneity statements, and appropriate acknowledgment of clinical heterogeneity in the discussion. All suggested citation and reference edits have also been incorporated. The revisions are satisfactory.