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Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_46632
Title of the Manuscript:	Drug-Drug Eluting Stents Interactions (DDESI) after Percutaneous Coronary Intervention (PCI) in Coronary Artery Disease (CAD) Patients: A Multicenter Cross-Sectional Observational Study
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>)



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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	The title did not match with the content. The content only described the oral drugs used amongst different DES without further explanation about their interaction	I agreed with your comment and modified the title as follows hope will suitable for the content. “New Concern: Drug-Drug Eluting Stents Interactions (DDESI) between Drugs Prescribed and Drug Eluting Stents (DES) after Percutaneous Coronary Intervention (PCI) in Coronary Artery Disease (CAD) Patients: A Multicenter Cross-Sectional Observational Study”
Minor REVISION comments	<ul style="list-style-type: none"> The introduction was too long and not straightforward The sample size was too small to assess the relationship or to point out the drugs/DES interaction since there were too many confounders regarding the combinations of the drug itself The interaction between two variables is unclear, it only stated and described the use of different DES 	<ul style="list-style-type: none"> I agreed with your comment and shortened the introduction part as much as possible without destroying the clear information about the need for this research. It is a cross-sectional study although the sample size was fixed according to the availability of the patients' information as per inclusion criteria. There is no certain rule of thumb to determine the sample size. Many researchers say that there should be at least 10 observations per variable. But in my study total sample size was (N=127), Because of sample size is greater than 30, the Central Limit Theorem tells us that the sampling distribution will approximate a normal distribution, the statistical methods applied satisfactorily points out the existence of drugs/DES interaction and the statistical analysis acceptably delimits the significance. CAD patients with mild to moderate disease severity and considered as not suitable for PCI immediately but prescribed for their major complications with medications such as anti-hypertensive drugs, anti-hyperlipidemic drugs, anti-coagulants, vasodilators and oral hypoglycaemic agents either single or in combination at least one month before they subject to PCI and <u>not reported for any drug-drug interaction symptoms between the drugs prescribed before PCI with DES and continue the same medications after PCI with or without optimal dose titration is the important inclusion criteria for the selection of the patients</u> for this study, therefore the possibility of any drug-drug interactions is less and all the determined drug interactions are considered as DDESI because most of identified drug interactions reported only after the CAD patients underwent PCI and stented with DES which is clearly described in the discussion part. Among all groups studied, patients treated with Sirolimus DES does not showed any significant interactions with prescribed medications but patients treated with Everolimus and Zotarolimus drug eluting stents reported less significant DDES interactions, According to the available resources Everolimus may increase the serum concentration of CYP3A4 substrates which have high risk with inhibitors will be the one of the reason behind this interaction but advanced screening techniques and molecular level studies are recommended to explore the exact molecular mechanisms behind these DDES interactions which is also clearly described in the conclusion part.
Optional/General comments		



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PART 2:

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