

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Lipid Management in Ischemic Stroke or Transient Ischemic Attack in China: Result from China National Stroke Registry III
AUTHORS	Xu, Yuyuan; Chen, Weiqi; Wang, Mengxing; PAN, YUESONG; Li, Zixiao; Liu, Liping; Zhao, Xingquan; Wang, Yilong; Li, Hao; Wang, Yongjun; Meng, Xia

VERSION 1 – REVIEW

REVIEWER	Wańkiewicz, Paweł Pomeranian Medical University in Szczecin
REVIEW RETURNED	23-Nov-2022

GENERAL COMMENTS	The article is well written and brings new knowledge to the issue of ischemic stroke. However, a very important reference to a study describing the positive effect of statins on AF-related stroke is missing here: Pre-Stroke Statin Therapy Improves In-Hospital Prognosis Following Acute Ischemic Stroke Associated with Well-Controlled Nonvalvular Atrial Fibrillation.
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REVIEWER	Mathew, Jason Stony Brook University Hospital
REVIEW RETURNED	07-Dec-2022

GENERAL COMMENTS	The authors have done a commendable job addressing an important question. One important consideration that would likely affect 3 month short recurrence is the use of dual antiplatelet therapy. I understand that this may not be extractable with the dataset, however its worth mentioning as this registry gathered patients post CHANCE trial which likely had an effect on prescribing patterns. While the registry had a low percentage of TIA patients , more than half of the population had NIHSS <3 on initial presentation.
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Paweł Wańkiewicz, Pomeranian Medical University in Szczecin

Comments to the Author:

Dear Authors,

The article is well written and brings new knowledge to the issue of ischemic stroke. However, a very important reference to a study describing the positive effect of statins on AF-related stroke is missing here: Pre-Stroke Statin Therapy Improves In-Hospital Prognosis Following Acute Ischemic Stroke Associated with Well-Controlled Nonvalvular Atrial Fibrillation.

Response: Thank you for your suggestion. We have thoroughly read and discussed the article on the use of pre-stroke statins for AF-related stroke prevention. This study provided valuable insights into the primary prevention of statins for this specific type of stroke. However, our research focuses on the secondary prevention of statins for general ischemic stroke and TIA, which makes the conclusions of the two studies not closely related. That being said, numerous trials have demonstrated the benefits of using statins for improved outcomes after stroke, and it is widely accepted in the literature. In the future, we may conduct research on the use of pre-stroke statins and would definitely refer to the article "Pre-Stroke Statin Therapy Improves In-Hospital Prognosis Following Acute Ischemic Stroke Associated with Well-Controlled Nonvalvular Atrial Fibrillation" as a relevant resource.

Reviewer: 2

Dr. Jason Mathew, Stony Brook University Hospital

Comments to the Author:

The authors have done a commendable job addressing an important question. One important consideration that would likely affect 3-month short recurrence is the use of dual antiplatelet therapy. I understand that this may not be extractable with the dataset, however its worth mentioning as this registry gathered patients post CHANCE trial which likely had an effect on prescribing patterns. While the registry had a low percentage of TIA patients, more than half of the population had NIHSS <3 on initial presentation.

Response: Thank you for your suggestion. We added this point in the limitation part (Page 20).