This paper presents a meta-analysis that evaluates the prognostic value of galectin-3 (gal-3) in patients with dilated cardiomyopathy (DCM). The study includes a comprehensive collection of seven studies and analyzes the association between gal-3 levels and major adverse cardiovascular events (MACEs) in patients with DCM. The results show that elevated gal-3 levels indicate a greater risk of MACEs in DCM patients. Additionally, the study examines the combination of gal-3 and late gadolinium enhancement (LGE) as a predictor of MACEs. The findings suggest that the combination of gal-3 and LGE significantly improves the prediction of MACEs in DCM patients. Overall, the manuscript draws a positive conclusion from a relatively small amount of research. I think for most comments authors may not have any data, so the best for them is to modify and moderate the conclusion, justify, and list limitations, with this I think the study can be published.

Concerns:

1. The study does not provide detailed information on the methodology of the included studies, such as the diagnostic criteria used for DCM or the specific gal-3 cut-off values.
2. Have you considered potential confounding factors, such as age, gender, and comorbidities, in the analysis?
3. Conclusion needs to be revised, the current results do not support a "significant" prognostic factor.