



SDI Review Form 1.6

Journal Name:	Cardiology and Angiology: An International Journal
Manuscript Number:	2014_CA_10483
Title of the Manuscript:	Early or selective invasive strategy in patients with non-ST-segment elevation acute coronary syndrome according to the risk factors at presentation? An outcome 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:

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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)
<u>Compulsory</u> REVISION comments	<ul style="list-style-type: none"> - An English revision should be managed in order to correct typos. - The number of enrolled subject is too small and underpowered for the purposes of the research. - I do not agree with the sentences at page 3 lines 76-83 about the enrolment of the patients in each arm. The authors seemed not to follow international guidelines about the final intervention of the NSTEMI patients. Nevertheless, later in the text, the authors wrote about GRACE score. Thus, the authors should better describe the enrolment rules according to international guidelines about this matter and the division of patients in interventional groups. - The authors should describe the kind of stent adopted, the pharmacological treatment adopted after the stent implantation. These data should be included in a multivariate regression analysis protocol in order to evaluate confounding factors in the obtaining of final results. - No multivariate regression analysis has been performed. 	<ul style="list-style-type: none"> - This has been done - We agree with this, and has acknowledged this limitation in the end of Discussion - The enrolment in each arm was not based on randomization, but more on a geographical basis. We have tried to explain this in the text. - We have described the stent type and antiplatelet treatment after stent implantation. In fact we have used almost always BMS and dual antiplatelet Tx with ASA + clopidogrel. That's why these parameters could not serve as confounding factors for the final results - This reviewer is right; we have not performed a multivariate regression analysis. This was the advice of our statisticians regarding the appropriate statistical analysis



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<u>Minor</u> REVISION comments	<ul style="list-style-type: none">- In table 1, the term “Dyslipidemy” should be revised to “dyslipidaemic”. Please provide.- In the tables, all acronyms should be expressed in order to make them clearer.- All the characteristics of the population should be described. The authors should “define” all the cardiovascular risk factors of the patients in agreement with current international guidelines.	<ul style="list-style-type: none">- It has been corrected- This has been done- We have described all of the major cardiovascular risk factors: age, gender, arterial hypertension, diabetes, dyslipidemy, smoking and also obesity and family history of CAD; unfortunately we don’t have data about physical activity level prior to the acute coronary syndrome and about salt consumption
<u>Optional/General</u> comments		