



SDI FINAL EVALUATION FORM 1.1

PART 1:

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

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
<p>Comment # 5): the authors explained that in early invasive strategy arm coronary angiography was done in all of the patients and PCI in almost all of them (except for 1 patient. [Please refer to table 1 which shows that only 23% of the whole groups had PCI, 30% and 17% for the early and delayed sub-groups, respectively] that contradicts the authors' answers.</p> <p>(Comment #2): The authors mentioned that the study was NOT a randomized trial. [Please review the methodology section in the abstract body – "Patients were randomly assigned to an early invasive strategy (coronary arteriography and percutaneous coronary intervention within 24 hours after admission) or to a selective invasive strategy". That again contradicts the authors' answers.</p> <p>(Comment#3): The findings listed in the revised manuscript [section 3.5] contradict the final conclusion of the paper despite the fact it refers to the highest –risk patients that were proven to be eligible for early invasive strategy by the ACC/AHA management guideline of UA/NSTEMI. This has to be explained in the discussion part.</p> <p>(Comment#7): It is great to be pioneers in conducting clinical trial in the authors' country but that is not a legitimate reason to publish their data since it does NOT represent certain ethnic groups or race that would give us an idea about the incidence of certain disease or complications specifically related to that particular region.</p> <p>(Additional Comment): I still think that the authors should publish their data as it is still valuable but it should be elaborated to avoid confusion to the Journal readers. The limitations of the study should be listed in details as that would strengthen the paper the authors identify their own limitations. (i.e. explaining that having two different population in different centres would create a bias in the treatment management and the likelihood for the cardiology team in the hospital to pursue conservative management in eth absence of PCI-facility until complications happens).</p>	<p>Table 1 refers to medical history. 23% of the whole group have had PCI before their current admission for ACS. We have tried to make this clearer in the table.</p> <p>This sentence was corrected.</p> <p>We have done this.</p> <p>We agree with this comment.</p> <p>We have done this.</p>