

April 30th 2014

Dear Editor,

Please find enclosed the edited manuscript in word format (8529 edited, easy read and tracked changes-review.doc)

Title: Risk Stratification for ST segment Elevation Myocardial Infarction in the era of Primary Percutaneous Coronary Intervention.

Author: Richard A Brogan, Christopher J Malkin, Phillip D Batin, Alexander D Simms, James M McLenachan and Christopher P Gale

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8529

The manuscript has been improved according to the suggestions of reviewers:

1. The format has been updated
2. Revisions have been made according to the suggestions of the reviewers

Reviewer 1 - 00734530

"Dear author, I wrote with the great interest the paper entitled "Evaluation of Risk Scores and Risk Stratification for STEMI in the era of Primary Percutaneous Coronary Intervention." for publication in the journal. This paper is reviewed the risk factors of PCI using a scientific language systematically and the risk Scores for STEMI of Primary Percutaneous Coronary Intervention. The manuscript is too long and is needed some linguistic revision. It has to be shortened except conclusion part. "

We are grateful for the reviewer's insightful comments and thank him/her for providing help to publish our review.

We have reviewed our article, removed some sections which have been replaced with a table. We have also improved the language and presentation to enable shortening. The latter part has been substantially revised, with some revisions to the conclusion.

Reviewer 2 – 00866402

"This review is well written and timely. It is provocative and will generate discussion. The following are recommendations to improve the manuscript: 1. A table with the various scores would be helpful. 2. How would the investigators go about creating the "ideal" risk tool? 3. What are the policy changes to be drawn from your paper- it appears that PPCI may not be needed for all."

Thank you for your helpful comments on our submission.

1. We have constructed a table as suggested and removed some of the text to prevent repetition.
2. We have modified a paragraph to reflect the difficulties based on current available data and the means to gather data to create an ideal risk stratification model when the current standard of treatment is established, infrastructure is in place it is accepted as being the gold standard of STEMI care.
3. We have outlined the required policy changes and restructuring that would be necessary in the text under the section 'efficacy of treatment' and in the conclusion.

Reviewer 3 - 01484903

"MAJOR COMMENT The authors attempted to review the various risk scores in evaluating patients with acute coronary syndromes and stable coronary artery disease undergoing percutaneous coronary intervention. However, there was minimal effort in synthesizing the large amount of information and they merely described the scores, limiting to the types of variables and c-statistic. There was little or no information on the background of the studies. A table highlighting these data is likely to be more useful to the reader so scan through the information rapidly to ascertain the differences in each of the scores. In addition, the authors should also highlight the practical decision-making processes such as use of glycoprotein IIb/IIIa inhibitors, distal protection devices and circulatory support while performing primary angioplasty for ST-segment elevation myocardial infarction. Contemporary issues on direct percutaneous coronary intervention should also be discussed. MINOR COMMENTS Avoid using abbreviation in title. They should also explain the acronym on its first appearance; eg GUSTO-I, IN-TIME II, CADILLAC, PAMI, APEX etc. The abbreviation SRI should be inserted next to Simple Risk Index. On the other hand, the acronym GRACE was explained at least twice in the text. Since the audience for the article is for healthcare professionals, the authors should use formal medical terms rather than layman's language in their article. There are minor grammatical errors. Please ensure that references are written in accordance with Journal requirements."

Major comment

The authors thank the reviewer for their helpful comments. We agree that describing the scores in the manner done so did not provide a good summary of risk scores. We have therefore modified that part of the paper removing the individual paragraph descriptors and summarizing the major relevant points into a table. The reviewer mentions stable coronary artery disease and risk scores; stable CAD is, however, intentionally excluded to focus on the higher risk area of STEMI

This article was submitted as an invited review of cardiovascular epidemiology in particular with reference to the assessment and recommended management of STEMI. The authors did not intend to provide a practical guide to the *intra - procedure* management hence why there is no reference to glycoprotein inhibitors and distal protection devices etc. Intra procedural support is a topic of interest to the authors and may be addressed in future submissions.

The reviewer specifies “*Contemporary issues on direct percutaneous coronary intervention should also be addressed*”. If by this they mean issues such as direct stenting vs. predilatation as above then hopefully this has been clarified. If, however, they are discussing issues such as direct to heart attack centre versus local hospital presentation followed by transfer then this would require an article in its own right.

Minor comment

The abbreviation repetitions have been removed/modified and placed in an appropriate location. The reference list has been modified to reflect the journals criteria.

4. References have been modified according to the journals preferred template (World Journal of Gastroenterology). I note there is some discrepancy as to whether the first author should be in bold or normal face.

Thank you again for publishing our manuscript in the *World Journal of Cardiology*

Please note. On making the recommended changes as per the editors and reviewers requests the tracked changes made the manuscript appear untidy and difficult to read. The uploaded manuscript therefore contains 2 versions of the same paper. The initial component is an “easy read version” followed by the tracked changed version you suggested.

The table is provided as a separate file .

Please do not hesitate to contact me if further information or clarification is required.

Yours sincerely

A handwritten signature in black ink, consisting of a stylized 'R' followed by a long horizontal stroke.

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