Reviewer's report

Title: Preoperative Management of Antiplatelet Drugs for a Coronary Artery Stent: How Can We Hit a Moving Target?

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Reviewer: Andre DeWolf

Reviewer's report:

This is a very interesting manuscript with two aims. The first aim is to explain the rationale for and use of an approach to formulate management protocols of antiplatelet drugs for patients with coronary artery stents who need surgery. In addition, the authors provide their management protocols of antiplatelet drugs after placement of bare metal stents and drug eluting stents for treatment of coronary artery disease. Although the authors describe the process of creating these protocols very well, there is little discussion on the concrete scientific reasons for each protocol. Would it be possible to expand the paper to include an in-depth discussion of each protocol? In my opinion this is a question that should be answered by the editor in chief. In addition, it is unknown how frequently these protocols were followed, and furthermore there are no clinical outcome data (last paragraph on page 9). That leaves us only with an interesting description of the process of creating the protocols, but I am not sure that this is sufficient to warrant publication.

Specific comments:

Page 2, line 8: In my opinion it is premature to call these management protocols successful. It is not clear whether the implementation of these protocols was successful (compliance rates with both SCAMPs have not yet been determined), and there are no clinical outcome data. Same comment is valid for your statement on page 4, line 23.

Page 9, line 7: You mention that the management of antiplatelet drugs in patients requiring intracranial or intraspinal surgery remains controversial among the clinical stakeholders, but table 1 does not include neurosurgeons as stakeholders.

Figure 1: Protocol for preoperative antiplatelet therapy with bare metal stent: were some "arrows" forgotten? If we compare this figure with figure 2, the assessment of stent thrombosis risk factors (box on the left) does not result in a "yes" and "no" answer in the flow diagram. Also, I would use the exact same terminology in figures 1 and 2 (figure 1: "Assess for stent thrombosis risk factors"; figure 2: "Stent thrombosis risk factors present?"). Finally, the protocols don't really include the management when surgery is urgent. Can this be included?
Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests