Author’s response to reviews

Title: Percutaneous Coronary Intervention In Asians- Are There Differences In Clinical Outcome?

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Cover Letter with Response to Reviewers

Dear Editor:

We have submitted and revised our manuscript entitled “Percutaneous Coronary Intervention In Asians- Are There Differences In Clinical Outcome?” for your consideration for publication in your journal. We believe that this article will be of great interest to your readers.

Ethnic differences in clinical outcome after percutaneous coronary intervention (PCI) have been reported. As data within different Asian subpopulations is scarce, we undertook this research to explore the differences in clinical profile and outcome between Chinese, Malay and Indian Asian patients who undergo PCI for coronary artery disease (CAD). Our data indicate that ethnic variations in clinical outcome exist following PCI, independent of the risk factors amongst the individual ethnic groups. The results of this reasonably large sample are interesting and novel.

The authors would like to state that: this is an original manuscript and this manuscript has not been previously published or submitted to another journal for consideration.

1. None of the paper's contents have been previously published
2. All authors have read and approved the manuscript
3. There are no conflicts of interest to disclose.
4. This manuscript was presented in part at the American Heart Association Scientific Sessions 2009, Orlando, Florida.

Response to Editor and Reviewers

All the authors would like to thank the editorial team and reviewers for reviewing the manuscript.

1. A statement regarding patient consent has been included under “Methods” section.

2. Bare metal stents were used in 56% of the entire cohort while drug-eluting stents were used in the remaining 44%; there were no differences in the type of stent used among the difference ethnic groups (p=ns).

3. Syntax scoring depicting the complexity of the lesions was not available for this dataset. The majority of patients in this study were recruited before the use of Syntax scoring was introduced.

4. Compliance to dual antiplatelet therapy from time of PCI to hospital discharge was satisfactorily high; 93.5% of patients were discharged with Aspirin while 93.9% of patients were discharged with clopidogrel. The authors acknowledge that it is important to know the compliance and duration of antiplatelet therapy of this cohort of patients after PCI. However, with respect to antiplatelet use, only in-hospital medications were recorded in this registry, up until discharge from hospital.
5. Impact of type of stent use, syntax scoring, dual antiplatelet therapy on outcomes/ possible need for correction in the multivariate analysis:

a. As we did not find any baseline differences between BMS or DES use among the groups, stent type was not used in the multivariate analysis.

b. Syntax scoring was not available/ computed for reasons explained in (3).

c. We found a high compliance rate of antiplatelet therapy in this cohort of patients across the board albeit with available information until hospital discharge, hence it was not used in the multivariate analysis.

6. With regards to the significant differences in baseline characteristics found in Table 1, particularly the use of primary PCI for STEMI among the Indians, we have performed stepwise multivariate logistic regressions correct for the association in one- and six-months adverse events between the ethnic groups. Thank you for the comment and we have included this statement under the statistical methods section.