Reviewer’s report

Title: Duration of Dual Antiplatelet Therapy Following Percutaneous Coronary Intervention on Re-hospitalization for Acute Coronary Syndrome

Version: 1 Date: 6 October 2013

Reviewer: Giorgio Quadri

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The manuscript by Shih-Chin Chen supports the use of clopidogrel for at least 12 months in ACS setting.

Major Compulsory Revisions

1) The authors have cited the ACC-AHA Guidelines for the Management of Patients with Unstable Angina/Non-ST-Elevation Myocardial Infarction. Worthy of mention are also the European Guidelines about NST-ACS (ESC, 2011) and STEMI (ESC 2012)

2) There is no mention on the use of GP IIb IIIa inhibitors during the index procedure. What about its use?

3) Among DES patients, the authors found a larger reduction in the hazard of ACS re-hospitalization for patients who received at least 12 months of clopidogrel but not 9 months of clopidogrel use. Is there any differences according to the type of DES used?

4) Patients who received ≥ 15 months of clopidogrel therapy were older than the discontinuous users. Could the authors explain this finding?

5) There are no data about bleeding according to the duration of clopidogrel.

6) The manuscript focuses on the use of clopidogrel in the era of new antiplatelet agents (eg. prasugrel, ticagrelor). This is a limitation of the study.

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests