Reviewer’s report

**Title:** Impact of Renal Dysfunction on long-term Outcomes of elderly patients with Acute Coronary Syndrome

**Version:** 2  **Date:** 29 March 2013

**Reviewer:** Emad Abu-Assi

**Reviewer’s report:**

The study by Yuqi Liu et al deals with 184 pts with a definitive diagnosis of ACS. The primary end points were death and complication during hospitalization, whereas secondary end points were MACEs, including cardiogenic death, MI or stroke, and the need for TLR or CABG during 502.2 ± 203.6 days of follow-up.

The authors concluded that severe renal dysfunction was an independent risk factor for MACEs in ACS and was associated with a poor prognosis. These data are in agreement with other several works in the field, but I would like to comment some issues:

**Major Compulsory Revisions**
- The percentage of patients with unstable angina (UA) is so high to reflect contemporary populations of patients with ACS. What was the reason of that so high proportion of patients? What were the criteria used to classify patients into STEMI, NSTEMI and UA?.
- 19 patients who were lost during follow-up, what were the reasons of that high % of missing data during follow-up?.
- Authors should discuss that patients with more severe renal impairment had undergone less frequently coronary angiography. Did the authors considered these procedures in the multivariable Cox analysis?
- I suggest including a Table reflecting the univariable and multivariable effects (hazard ratios) of all factors used in these analyses.

**Minor Essential Revisions**
- Tropinin T is not a cardiac enzyme. What was the cut-off point of the diagnosis of myocardial infarction using cardiac tropoinin T.
- Table 2: values of serum creatinine are expressed by mg/dL, but these values are unbelievable high.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.
Declaration of competing interests:

I do not have conflict of interest to declare.