Reviewer's report

Title: Ethnicity and thrombolysis in ischemic stroke: a hospital based study in Amsterdam

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Reviewer: vijay sharma

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Despite the proven beneficial effects of IV-tPA in AIS, treatment rates have remained low even at established centers in developed countries. The conditions in developing nations are different and many factors contribute towards the dismal rates of thrombolysis. These include- poor transport facilities, poor levels of education and awareness, belief in traditional ways of treatment, anticipated high cost of treatment and various logistic issues related to the health-care facilities. However, rapid improvements in socio-economic conditions are expected to reduce the impact of many of these factors. In order to provide the benefits of IV-tPA to a larger proportion, ensuring arrival of patients to the hospital within the therapeutic window remains of utmost importance. In this interesting paper, the authors have evaluated the impact of ethnicity/race on the rates of thrombolysis at a single center.

I have some issues related to the manuscript-

1. Ethnicity and race have been used interchangeably in the medical literature. However, I would suggest the authors to be consistent. For example on page 4 (last sentence of first paragraph of ‘Methods’- the two commonest ethnicities were ‘black’ and ‘hindustani’. However, in the 2nd paragraph of ‘Methods’- the ethnicities are different.

2. Since authors have lumped various ethnicities into 2 broad group of race (white and non-white), the word ‘ethnicity’ becomes redundant.

3. Some simple questions might come in the minds of the readers. How many patients could not be thrombolysed due to the failure of bringing blood pressure to acceptable range? Were there any patients who were not thrombolysed due to low NIHSS on presentation? Both the factors could have contributed towards lesser rates of thrombolysis among ‘non-whites’. I understand that some of the questions may not be easy to answer in a retrospective study. However, these are valid questions and the possibilities need to be mentioned.

4. Table 2 and 3 produce confusion in the minds of the reader. Table 2 shows that there were no significant differences in ‘onset-to-treatment’ or ‘door-to-needle’ times. That means, there were no differences in ‘the time elapsed outside the hospital’ and the ‘time elapsed inside the hospital’. However, the rates of thrombolysis were significantly different between the two groups. Now, in table 3, authors show that significantly larger number of patients presented to the hospital beyond 2.5 hours (150 minutes). I would advise the
authors to present these numbers more clearly.

**Level of interest:** An article whose findings are important to those with closely related research interests

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

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests