**Reviewer’s report**

**Title:** Improving the management of non-ST elevation acute coronary syndromes: systematic evaluation of a quality improvement programme

European Quality Improvement Programme for Acute Coronary Syndrome: The EQUIP-ACS project

**Version:** 2  **Date:** 18 September 2009

**Reviewer:** Maarten L Simoons

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A unique characteristic of this protocol is the randomization of hospitals to participate (or not) in an intensive quality improvement program related to acute coronary syndromes.

The description of the background is extensive, the hypothesis is clear, and the protocol is well described.

My only regret is that the protocol focuses on the performance of angiography (after risk certification) and long term treatment. I believe that it would appropriate to also include time to diagnosis as a quality criterion and the initiation of multiple drug therapy once a tentative or final diagnosis has been made (aspirin, clopidogrel, anti coagulant, beta blocker, statin, nitrates).

The list of features indicating patients who should undergo early angiography is too simple. For example, patients with elevated troponin levels were enrolled in the ICTUS study (De Winter) in which a systematic invasive approach was not superior to a initial medical approach (with a relatively high proportion of 40% revascularisation in the medical court).