Reviewer’s report

Title: Effect of additional treatment with EXenatide in patients with an Acute Myocardial Infarction: rationale and design of the EXAMI trial

Version: 4 Date: 12 October 2011

Reviewer: Joshua Barzilay

Reviewer’s report:

This is an interesting and well done report. I have one major request and several small clarifications/comments. I list them in order of appearance.

1. INTRODUCTION - The notion of using exenetide for cardioprotection is new to this reader. I would ask the authors to expand on the evidence that such is the case. Realizing that the purpose of the article is to present the trial, I still believe 2-3 sentences on the impact of exenetide on the heart would be of interest to the reader....Last sentence of INTRO "op" is "of."

2. METHODS - Did one IRB cover both universities or did each university have its own IRB? It sounds like there was one IRB.....Please remove mention of the NCT number in the middle of the first paragraph. It makes it sound as if the first 40 participants will be a separate study from the overall trial...Define CAG.....What does "the study will be put on hold" if the medication is deemed unsafe? Is that a nice way of saying "terminated"??......Please explain an aspect of the trial that is unclear to me [my major comment]: people are randomized prior to the angiogram. They receive either the placebo or the medicine IV. Yet if the angiogram shows them not to "qualify" for the study (e.g., multi-vessel CAD) are the IV drips then stopped? Thus even if "disqualified" the participant may have already received a bolus of exenatide and a drip. Is this logical? is this ethical? Will you follow these participants? Perhaps I have mis-understood the protocol. Please comment.

3. EXENATIDE TREATMENT PROTOCOL - remove "notorious."

4. MRI - "extend" should be "extent".... At the onset of the section please mention that a baseline and a follow up MRI will be done to assess infarct size. This way the reader has a sense of what is being sought rather than reading a dry technical statement.

5. ECHOCARDIOGRAPHY - please explain at the beginning of the section why an echo is being done. Ony after looking at Table 3 is it clear why it is being done

6. Table 1 - it would seem that you are excluding multivessel coronary disease and prefer only univessel disease. Is this impression correct or am I mis-interpreting this?

7. Table 2 - "fasten" is "fasting"....what is "BSE"?
8. Table 3 - "Secundary" is "Secondary".

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests