Reviewer's report

**Title:** Impact of completeness of revascularization by coronary intervention on exercise capacity early after acute ST-elevation myocardial infarction

**Version:** 1  **Date:** 13 July 2013

**Reviewer:** Italo Porto

**Reviewer's report:**

**Major Compulsory Revisions**

1) Basically, the authors are comparing patients who were revascularized completely or incompletely, but always according to optimal clinicians' judgment. They essentially show that clinical judgment is better than looking simply at angiographic significance of any stenosis in any vessel to decide whether to stent or not these patients. There is no mention of checking the functional significance of these stenoses (eg FFR them) or, at least, of QCA. Stenosis significance is said to be >70% (in which projection? decided by who?). QCA data should be provided as a minimum.

2) It would be much better to classify IR patients according to the amount of jeopardized myocardium (eg using an anatomic score such as the BARI score) in order to check whether patients with more myocardium at risk (at least a "significant" amount) have reduced exercise capacity. Otherwise we are comparing patients with OM1 stenosis with others with proximal LAD stenosis.

**Minor Essential Revisions**

Angio protocolo: Aspirin AND clopidogrel indefinitely?

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

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

NO interests