Author’s response to reviews

Title: Antithrombotic treatment during coronary angioplasty after failed thrombolysis: strategies and prognostic implications. Results of the RESPIRE registry

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Author’s response to reviews:

Dear Author,

First of all, I'm sorry to be late because I've been busy for the last 2 weeks. Manuscript number:BCAR-D-17-00022R1 and entitled "Antithrombotic treatment during coronary angioplasty after failed thrombolysis: strategies and prognostic implications. Results of the RESPIRE registry." I've read the article and evaluated. I congratulate the authors for this research. I think your study has remarkable results.
1. The 'RESPIRE' study in the " 'Antithrombotic treatment during coronary angioplasty after failed thrombolysis: strategies and prognostic implications. Results of the RESPIRE registry." statement in the title of the worker is not mentioned in the article.

Right. We added description of RESPIRE in the manuscript, first paragraph in methods.

2. "In the MERLIN study, one-month mortality in the RA arm was 9.8%, and anterior infarction was the only predictor of mortality.6 The mortality rate in these studies is comparable to the rate found in our study, and anterior infarction and age were- likewise predictive factors for mortality. Cardiogenic shock was not, because this was an exclusion criterion in these studies." In the MERLIN study, patients with cardiogenic shock were not included in the study. However, in your studies, cardiogenic shock patients were included in the study. Hence mortality rates will be different. This should be noted in the "Limitations section".

This is a wise observation. As recommended we added the following comments in discussion and in limitations respectively:

“The mortality rate in these studies is comparable to the rate found in our study, although cardiogenic shock was an exclusion criterion in the trials. These results suggest potential relevant differences in patients characteristics as it is commonly observed between randomized trials and observational registries, furthermore if performed in different time”

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“The comparability of results with previous trials on the topic, specifically with the MERLIN trial, 6 could be limited by differences in population profile. As mentioned before, the 30-day mortality was similar between our registry and this trial, despite the exclusion of cardiogenic shock in the later. The observational and more recent nature of our registry may account for these differences.”

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