Author’s response to reviews

Title: The use of echocardiographic and clinical data recorded on admission to simplify decision making for elective percutaneous coronary intervention: A prospective cohort study

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Response to the Reviewers’ and Editor’s comments

First, we would like to thank the reviewers and the editor for their valuable comments to improve the manuscript. We have addressed ALL comments as in the enclosed list. All the revisions were tracked changes in the revised manuscript.

The Editor:

First comment: This is an important paper. Please improve the language to broaden the audience of readers to understand and implement the results from this paper.

Our response: Thank you very much for your interest in our paper. We improved the English and language of the manuscript by sending it to the professional language-editing center that was recommended by the editor, where it was re-edited for wording, grammar, and structure (please see the improvements, which are marked with track changes).
Reviewer (1)

First comment: The manuscript describes a very important research based on the combination of echocardiographic and clinical data recorded on admission to simplify decision making for elective percutaneous coronary intervention. This is a very important topic because combining these two types of data can improve the quality of the clinical decision making.

Our response: Thank you very much for your comments and for your interest in our paper.

Second comment: The manuscript is well structured and written. I would suggest to improve the language before accepting it for publication.

Our response: We improved the English and language of the manuscript by having it reviewed by a professional language-editing center (please see the improvements, which are marked with track changes).

Reviewer (2)

First comment: The paper presents a prospective-cohort study conducted among CAD patients who underwent ePCI in Jordan aiming at evaluating three domains (physical, emotional and social) of HRQoL from patient data. As a result, significant determinants for the three domains were identified, as well as differences between men and women. The text is clear and well structured. The statistical and analytical methods are well grounded and well conducted.

Our response: Thank you very much for your compliments and for your interest in our paper.

Second comment: My only objection is: the study should evaluate the CHANGE in the quality of life indicators of the patients after the intervention. To this end, as was duly pointed out by the authors as a limitation of the study, the HRQoL data should have been collected before and after the intervention, so that the alterations could be properly detected. Anyway, the study presented is valid and deserves a continuity in this direction.
Our response: Thank you for your important comment. As you mentioned, we already pointed out this comment in the ‘Discussion’ section as a limitation of the study. In this regard, it is worth mentioning that our results showed statistically significant correlations between multiple clinical and sociodemographic factors collected at admission and the HRQoL scores measured six months after the ePCIs. One possible explanation is that the effect of other serious diseases on the HRQoL scores was eliminated by excluding patients with severe cognitive impairments, cancer, liver failure, kidney failure or chronic obstructive pulmonary disease [1,2,3]. In addition, only patients who underwent elective PCIs were included in the study. Usually, ePCIs are performed to relieve symptoms and improve HRQoL. Consequently, it is reasonable to compare the HRQoL of CAD patients after their ePCI procedures. A paragraph was added to the ‘Limitations of the study’ section to highlight the importance of your point.

Building on your valuable comment and on the encouraging results from this study, we are planning to conduct future studies in which the HRQoL will be measured for CAD patients who may undergo ePCIs. For patients who actually undergo ePCIs, we will measure their HRQoL again at two different periods: 6 and 12 months after their ePCI procedures. The change in HRQoL scores between baseline (before the ePCI) and the following two periods will be used to check the stability and reliability of the models developed in this study. In addition, new models can be built to predict the long-term HRQoL changes after an ePCI.

