Author's response to reviews

Title: Optimal Strategy of Primary Percutaneous Coronary Intervention for Acute Myocardial Infarction due to Unprotected Left Main Coronary Artery Occlusion: study protocol for a randomized controlled trial

Authors:

Yang Gao (gysc20@163.com)
Feng Zhang (zhang.feng@zs-hospital.sh.cn)
Chenguang Li (li.chenguang@zs-hospital.sh.cn)
Yuxiang Dai (dai.yuxiang@zs-hospital.sh.cn)
Ji'e Yang (yangjie1990evelyn@163.com)
Yanan Qu (quynEljuice@126.com)
Juying Qian (qian.juying@zs-hospital.sh.cn)
Junbo Ge (jbge@zs-hospital.sh.cn)

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Author's response to reviews:

Dear Editor and Reviewers:

Thank you very much for your letter and for the reviewers’ comments concerning our manuscript. These comments are valuable and very helpful for improving our manuscript. We have studied the comments carefully and made corrections which we hope meet with approval. The modified texts are red and highlighted. And a qualified native speaker have read and revised this manuscript for language, grammar and punctuation.

1. Abstract:

Specify # (30) and general location (China) of hospitals in abstract.

Abstract has been revised according to the recommendations. Numbers (30) and general location (China) are added to the abstract (Page 2).
2. Table 1:

< or <= for age?

Definitions would be better placed below table as footnotes.

Also include the definition for life expectancy in a footnote.

Definitions in Table 1 have been placed below as footnotes, and the definition of life expectancy is included.

3. Methods:

What was the participation rate from hospitals that were recruited (%)? Were there any differences in the characteristics of hospitals that agreed to participate vs. those that did not?

Was there any training by OPTIMAL staff of physicians completing the protocol?

We recruited participating centers by voluntary. Four centers were not included in the trial because the numbers of PPCI per year in these centers were less than 50 and they may not have enough experience in treating LM-AMI.

The study protocol and documents have been distributed to the investigators of each center. And the OPTIMAL staff of physicians completing the protocol are responsible for online training and problem solution.

We added the above description in the Methods section (Page 4).

4. Response #1:

In addition to listing each of the participating hospitals, a summary table would be helpful that summarizes hospital characteristics (e.g., Bed size, rural v. urban, Historical annual volume of AMI patients at each hospital, etc.)

Response #2:

To address the concern raised in Comment 2, it would help to put in Supplementary Table 1 the historical annual volume of AMI patients at each hospital.

For response #1 and #2, we have modified the Supplementary Table 1 and added the hospital characteristics.
5. Response #6:
The authors may want to state this response in the manuscript briefly, as other readers may have this same question.

Response #8:
Add this in a footnote too in Supplementary Table 1 and in the text of the Methods section.

The related contents of response #6 and #8 have been added to the Methods in the Recruitment part at Page 5.