Author’s response to reviews

Title: Dual anti-platelet therapy following percutaneous coronary intervention in a population of patients with thrombocytopenia at baseline: A meta-analysis

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POINT TO POINT RESPONSE TO REVIEWERS

Reviewer reports:
Serban Maierean (Reviewer 1):
Dear Authors,

Thank you for submitting this paper to BMC Pharmacology and Toxicology. It was truly a pleasure to read and addresses a very important topic. Many of our patients who suffer myocardial infarctions also have some degree of thrombocytopenia, and data on post-PCI management is crucial. The following are some of my thoughts and suggestions for changes that I think may improve your paper. I sincerely hope you find them helpful:

1. Introduction: Lines 24-33 - "It seems that the research community has neglected this high risk group of patients… proof for this ignorance by the research community till date" It may sound a bit more pleasant and perhaps more accurate to simply say that this group of patients have not yet been investigated as much, or something to that effect. Please bear in mind that we have only relatively recently demonstrated DAPT to be superior to single therapy in PCI patients, and even more recently studied DAPT in other diseases (e.g. stroke). Patients who are at a theoretically high risk in any intervention are generally studied last after all risks and how to mitigate them are clearly understood

AUTHORS’ RESPONSE: Thank you very much for your kind comments. Appropriate changes were made as suggested. We have changed the line “It seems that the research community has neglected this high risk group of patients” into “This high risk group of patients has not yet well been investigated”. 
Serban Maierean (Reviewer 1):

2. Discussion: Last paragraph (Pg13, lines 12-22) - Paragraph is one run-on sentence and it may benefit from being divided into a few sentences for easy readability. Also, do you feel comfortable suggesting which patient populations / clinical situations might warrant giving a thrombocytopenic patient aspirin or clopidogrel? If not, it would be helpful to know that more research is needed before you can draw a more firm conclusion about this.

AUTHORS’ RESPONSE: Thank you very much. Appropriate changes were made as suggested. We have broken this paragraph into simple sentences. Also, we have removed the sentences mentioning that either aspirin or clopidogrel might be recommended to patients with thrombocytopenia because we do not want to draw a firm conclusion at this stage as stated by the reviewer. Thank you.

Serban Maierean (Reviewer 1):

3. One major issue that I feel needs highlighting is that patients who are thrombocytopenic (excepting perhaps mild ITP) are generally very sick at baseline, usually sicker than the average patient who suffers an MI (my thoughts are leaning towards patients with cirrhosis, leukemia, autoimmune disease, sepsis, taking medications / chemotherapy which reduce platelet count, etc.) and for whom risk of bleeding/stroke/all-cause mortality can be higher at baseline. I think it would be great if we had more data on these individual patient populations in order to better individualize therapy. For example, perhaps in patients with ITP alone, using DAPT might be overall beneficial, but not so in patients with cirrhosis. Does the data you display stratify by cause of thrombocytopenia? If not, how would you feel about addressing this point in the discussion of the paper?

Thank you again for your submission.

AUTHORS’ RESPONSE: Thank you. However we could not include such data since they were not reported or stratified in the original studies. However, we have briefly mentioned and cite papers based on this issue in the discussion section.

Peter Penson (Reviewer 2): Thank you for submitting this interesting manuscript.

Title
-Please consider changing your title. The title asks a question, the answer to which is subjective. A systematic Review and Meta-Analysis should ask a very objective question based upon a PICO (Population, intervention, comparator, outcome) strategy. Please consider re framing your title to contain the elements of PICO, thereby forming an objective question. Of course, none of this precludes you using the discussion to comment upon the potential implications of your findings for practice.

AUTHORS’ RESPONSE: Thank you very much. We have modified the title as per your suggestion.
Peter Penson (Reviewer 2):

Abstract
-Please briefly describe your search strategy and state how many studies were included
AUTHORS’ RESPONSE: Thank you. Appropriate changes were made.

Peter Penson (Reviewer 2):

Methods
-Please state your search strategy in Boolean Format
AUTHORS’ RESPONSE: Thank you, the search strategy was described in the Boolean format as suggested by including ‘AND and OR’.

Peter Penson (Reviewer 2):

Results
-Please avoid any discussion in this section eg p9 L55 - stick to objective results.
AUTHORS’ RESPONSE: Thank you. Appropriate changes were made.

Peter Penson (Reviewer 2):

-consider combining Tables 1-4
AUTHORS’ RESPONSE: Thank you for your comments. However, as the authors of this paper, we would like our four tables for a better presentation of our work. We believe that small tables render the work easy to read. We as readers, prefer small tables and believe that they show a better view of the work. Hence we would prefer not to combine the tables. Thank you.