PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Clinical decision making of cardiologists regarding admission and treatment of suspected unstable angina or non-ST-elevation myocardial infarction patients: a study protocol of a clinical vignette study
AUTHORS	Engel, Josien; Van der Wulp, Ineke; Poldervaart, Judith; Reitsma, Johannes; de Bruijne, Martine; Wagner, Cordula

VERSION 1 - REVIEW

REVIEWER	EMAD Abu Assi Hospital Clínico Universitario de Santiago de Compostela Spain
REVIEW RETURNED	08-Sep-2014

GENERAL COMMENTS	In this article the authors present the protocol of an interesting study on a relevant subject such as the clinical decision making in patients with chest pain. The development of the vignettes and statistical analyzes are very well explained. However, with respect to the risk scores, the authors take into account only ischemic risk scores, and no bleeding risk scores, that also are important to make the decision to perform or not a catheterization. I would invite the authors to assess the possibility of also indicate the risk of bleeding at the decision moment B in the vignettes that they indicate the patient's ischemic risk, since it is an important element for the decision to perform a catheterization and would determine the degree of influence of both types of scores in the same study.

REVIEWER	Zafer ışılak Gülhane military medical Academy haydarpasa training hospital department of cardiology Cardiac imaging
REVIEW RETURNED	24-Nov-2014

GENERAL COMMENTS	Very interesting study design. Very nice work offered. The differences between cardiologists reveals.

	I congratulate you for this great work. Built on a very nice idea and explained beautiful.

VERSION 1 – AUTHOR RESPONSE

REVIEWER 1: EMAD Abu Assi
Minor revision
1. Comment reviewer: In this article the authors present the protocol of an interesting study on a relevant subject such as the clinical decision making in patients with chest pain. The development of the vignettes and statistical analyzes are very well explained. However, with respect to the risk scores, the authors take into account only ischemic risk scores, and no bleeding risk scores, that also are important to make the decision to perform or not a catheterization. I would invite the authors to assess the possibility of also indicate the risk of bleeding at the decision moment B in the vignettes that they indicate the patient's ischemic risk, since it is an important element for the decision to perform a catheterization and would determine the degree of influence of both types of scores in the same study.

Authors' response: We agree with the reviewer that bleeding risk scores, such as the CRUSADE score, are used in the decision to perform a coronary angiography. This was also found in our literature review which was conducted to inform the cardiologists from our study team on all possible attributes that contribute to this decision (see Table 1, line 29). They did not select this attribute to be included in the final selection of attributes. They considered age, renal function, known coronary artery disease, persistent chest pain, presence of risk factors, electrocardiogram results and troponin levels more important in the decision to perform a coronary angiography. Moreover, adding an attribute to the eight already selected further increases the complexity of choice task for study participants. Therefore we prefer the current selection. However, we realized that with the current selection a number of relevant attributes will not be taken into account. This is a limitation of the study and was mentioned in the manuscript. Because of the reviewer's suggestion we slightly revised this part of the limitation section to:
First, in this study the outcome measure concerns a complex decision to be made within a limited period of time in a sometimes hectic environment. The vignettes in this study are limited to respectively seven and eight attributes for each decision moment while in clinical practice cardiologists may take into account other aspects in their decision making, for instance bleeding risk scores in deciding on coronary angiography.

REVIEWER 2: Zafer ışılak
No revisions suggested.

ADDITIONAL CHANGES

Changes have been made to the text on page 7 and the corresponding reference (30), as it concerned unpublished work before, but has recently been published.

Table 1: two abbreviations, ECG and GRACE, used in the table were not explained in the legend of the table.