PART 2:

**FINAL EVALUATOR’S comments on revised paper (if any)**

The authors did a good revision job.

Two comments remaining:
- The recent ESC guidelines with the IIb/B recommendation for the IABP are from 2012 and not from 2008
- Figure 1: I think this figure needs some comments in the legend!

What do the different colours mean?

Role of intra-aortic balloon pump? Do you mean it should be implemented only for the transfer to the invasive center? Doing PCI furtheron does not justify general recommendation for IABP implementation as has been shown by the IABP-SHOCK II trial.

At the moment neither PCI nor CABG has shown superiority in comparison to each other. Your clear differentiation between PCI and CABG approach results from non-shock evidence. Also it is an open question whether acute PCI of the culprit lesion alone is inferior or superior to the acute staged multivessel PCI. This should be clearly described in the figure/legend.

And finally, figure 1 does not summarize the management of ischaemic cardiogenic shock, but only the revascularization part. A lot more of management is necessary for surviving of the patient, including intensive care medicine! Therefore you should either change the title of fig. 1 or extend the figure.

**Authors’ response to final evaluator’s comments**

Thanks

I do agree and corrected

A legend added to the fig to indicate what different color means.

Legend also indicate the controversy for using IABP

The fig expand to include other treatment modalities

We do not say that either option is superior but the choice between both was based on the coronary findings according to ref. 27, 41,58,134) but we added that CABG is preferred if mechanical complication are there. Also in the legend, we added the following:

\[ \text{⃰} = \text{the outcome is varying from the pre- to post-Shock Trial era, timing of insertion and whether PCI is early planned or not.} \]

\[ \text{¥} = \text{large randomized trials are needed to evaluate the benefit of PCI versus CABG in patients with multivessel coronary disease and CS ( ref. 41,134)} \]