

Fang-Fang Ji,  
Science Editor, Editorial Office of World Journal of Cardiology  
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Dear Science Editor,

Please find enclosed the revised version (R1) of our invited editorial n° **30868** entitled "**Coronary stenting: a matter of revascularization**" by Drs. Bonaventura, Liberale, and myself for re-consideration for publication in *World Journal of Cardiology*.

We have performed all changes suggested by the reviewers. We really hope that this new, revised version of our manuscript will be deemed as suitable for publication in *World Journal of Cardiology*. We really thank the reviewers for their interested reading and precise comments, which have indeed enhanced our manuscript. Changes from the previous version have been written **in red color** in this revised version.

All authors have read and approved the submission of the manuscript and declared that no conflict of interest exists.

My address, telephone number, fax number and e-mail address are on the bottom of this letter. The material submitted for publication has not been previously reported and is not under consideration for publication elsewhere. We confirm that the figure in the text is original. I will serve as the corresponding author of this manuscript.

#### **Specific points:**

##### **Reviewer #1**

- Comment 1: "This is a well written Editorial. I have no comments or critics except the legend for Figure 1. "cardiac artery disease" may be written as "coronary artery disease".".

Reply: We thank the reviewer for his/her remark. We corrected the legend of the Figure 1 by replacing "cardiac" with "coronary" (page 14).

##### **Reviewer #2**

- Comment 1: "Bonaventura et al from First Clinic of Internal Medicine, Department of Internal Medicine, University of Genoa School of Medicine, Italy have performed an updated review of percutaneous coronary intervention (PCI) and the use of balloon catheters either bare metal (BMSs) or drug-eluting stents (DESs). This review focuses on old and new problems, in particular the need of dual antiplatelet therapy (DAPT), which is a fundamental moment in view of the good outcome duration, but also deals with bleeding complications. It points also to some more recent advances including bioresorbable stents potentially changing the future of revascularization techniques as the concept bases upon the degradation of the stent scaffold to inert particles after its function expired, thus theoretically eliminating risks linked with both stent thrombosis and re-stenosis whose consequences were so heavy in the past and represented the bulk of the

problems with these techniques.”.

Reply: We thank the reviewer for his/her comment.

### Reviewer #3

- Comment 1: “A discussion about indication for PCI/stent is missing. What lesions should be treated with stenting versus medical care? What is the benefit and in which populations?”

Reply: We thank the reviewer for his/her comment. We attempted at improving discussion on the indication for PCI and stenting, as follows (page 4): “...Accordingly to 2014 European Society of Cardiology (ESC)/European Association for Cardio-Thoracic Surgery (EACTS) guidelines, revascularization by either PCI or coronary artery by-pass graft (CABG) is generally indicated in coronary stenoses leading to a reduced flow in order to limit myocardial ischemia, relieve symptoms, and improve the prognosis [Ref]. Several studies concluded that neither PCI nor CABG alone provided a definitive solution for the entire spectrum of stable CAD needing revascularization, which should be considered as complementary to the medical therapy....”.

- Comment 2: “add discussion about alternative CABG”

Reply: We think that a discussion about alternative CABG might be out of the scope of the present Invited Editorial and we acknowledged this point as follows (page 4): “...We believe that an exhaustive discussion about PCI or CABG indications would deserve appropriate focus in systematic reviews, meta-analyses or position papers. Therefore, additional speculation appears out of the scope to the present editorial [Ref]....”.

Thank you in advance for your re-consideration.

Yours sincerely,

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