Response to reviewer`s comments

1. The design is declared as retrospective, but description of it was done as prospective. Please, check and explain. If study had retrospective design, please, report statistical power calculation, and prospective design requires reporting sample size calculation.

Author response: Yes, we agree with the reviewer`s comment**.** The study was a retrospective study. We have made the changes to avoid confusion arising out of selection of words (page no. 8 line number 184). Moreover, since no hypothesis was tested in the study, we did not perform formal sample size or power calculation, which is clearly stated in the manuscript (page no. 8, line number 181-183).

2. Flow chart with clear criteria of inclusion / non-inclusion is required.

Author response: A flow chart for eligibility criteria is included now as figure 1 (page no. 18 and page no. 6, line no. 125-126)

3. Ethical declaration is needed, IRB name and date of approval of the protocol are necessary.

Author response: The study was approved by the ethics committee on 8th June 2020, name of the ethics committee was Sangini Hospital Ethics Committee. The details are included in the manuscript now (page no. 5 line no. 116 -117)

4. Section Results should contains clear description of the entire patient population including co-morbidities, concomitant medications and related procedures.

Author response: Thank you for the comment. We have included the details of comorbid conditions: hypertension and diabtes (Table 1 and page 8, line no. 191). Details of concomitant medications (page 8, line no. 203) are included in the manuscript. Related procedures included previous coronary intervention which is already included in the Table 1.

5. Collection of MACEs should be reported in separate paragraph.

Author response: **T**he method for collection of MACE is reported in the separate paragraph under heading "*Study endpoints and definitions".* In the results section, MACE is reported separately in a paragraph under heading "*Clinical outcomes during follow-up" However, it is important here to note that there was n*o incidence of MACE or stent thrombosis was observed throughout the 1-year follow-up period in any patient.

6. Data of severity of MI and TIMI risk score are needed to easily understand the study limitations

Author response: Thank you for the response. We did not collect data on TIMI risk score which is an important risk stratification index. However, authors would like to consider this valuable feedback in their prospective research.

7. MACEs evaluation should be done thoroughly, please check and re-write.

Author response: We did comprehensive assessment of MACE over 1-year in accordance with the ARC criteria**.** We did not observe any event during the study period which is clearly stated in the manuscript. (Cutlip **DE**, Windecker S, Mehran R, Boam A, Cohen DJ, van Es GA, Steg PG, Morel MA, Mauri L, Vranckx P, McFadden E, Lansky A, Hamon M, Krucoff MW, Serruys PW; Academic Research Consortium. Clinical end points in coronary stent trials: a case for standardized definitions. *Circulation* 2007; **115**: 2344-2351 [PMID: 17470709 doi: 10.1161/CIRCULATIONAHA.106.685313]