Muhammad Shayan Khan
Mercy Saint Vincent Medical Centre
2213 Cherry Street
Toledo, Ohio, USA 43615
567-225-2988
muhammadshayankhan1@gmail.com

Editor-in-Chief
World Journal of Cardiology

[September the 28th, 2020]

Dear Editor-in-chief,

I am pleased to re-submit the original article entitled '**Medical Therapy vs Early Revascularization in Diabetics with CTOs; Meta-analysis and Systematic Review"** for consideration for publication in "*World Journal of Cardiology*."

Chronic total occlusions (CTO) are present in 18-26% of patients with pre-existing coronary artery disease (CAD) and are associated with great morbidity and mortality. We attempt to present the first ever meta-analysis of randomized clinical and observational studies to compare clinical outcomes with OMT vs Early revascularization (ER) in diabetic patients with CTO. We believe this manuscript to be appropriate for publication in your journal because this not only provides valuable insight and comparison of long term mortality of CTOs lesions treated with OMT vs ER in diabetics but also analyzes important secondary effect outcomes such as cardiac mortality, repeat revascularization and repeat MI.

This manuscript has been extensively revised as per the reviewer's comments as below.

Comments 1. This paper will be more useful if the authors can first look at the data from the Damluji paper alone, to determine whether OMT vs PCI/CABG is equivalent or not. If someone else has already done this from the Frye paper, then please use that paper as the starting point rather than the Damluji paper which looks at CTO vs no CTO.
2. Assuming there is no difference between OMT and PCI/CABG from RCT data (Damluji or another spinoff from Frye) alone, it then is helpful to add observational data such as from the other three studies that are used in this meta-analysis, to see if a different conclusion is reached.
Response: Damluji et al. which is a post hoc analysis of the Bypass Angioplasty Revascularization Investigation 2 Diabetes (BARI 2D) trial, evaluated the influence of CTO on long term clinical outcomes of patients with coronary artery disease and diabetes mellitus. We extracted the data for CTO only from Damluji et al. to calculate mortality and morbidity outcomes in diabetics, however, our results were non-significant as shown in **Figures 1A, 1B and 1C**. Then, further 3 observational studies were added to our meta-analysis to achieve the above results. [Added to manuscript page 11, lines 7-12]

Comment 3. Please comment on the prevalence and importance of underlying chronic kidney disease since the study population has diabetes. [Added to manuscript page 13, lines 12-19]
4. Please transfer the last paragraph of the results section (regarding quality assessment) to the methods section. Done.
5. The authors may wish to speculate briefly why the results from the PCI subset are so different compared to the combined revascularization pool when compared to OMT. [Added to manuscript pages 12 and 13]

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Thank you for your consideration!

Sincerely,

Muhammad Shayan Khan MD
Internal Medicine Resident
Mercy Saint Vincent Medical Centre, Toledo Ohio USA, 43615.