

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Cardiology

**Manuscript NO:** 62699

**Title:** Novel guide extension assisted stenting technique for coronary bifurcation lesions

**Reviewer's code:** 05558225

**Position:** Peer Reviewer

**Academic degree:** FRCP, MBBS, MD

**Professional title:** Consultant Physician-Scientist

**Reviewer's Country/Territory:** United Kingdom

**Author's Country/Territory:** Sweden

**Manuscript submission date:** 2021-01-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-01-21 16:38

**Reviewer performed review:** 2021-01-21 18:48

**Review time:** 2 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
<https://www.wjgnet.com>

#### **SPECIFIC COMMENTS TO AUTHORS**

This is a nice paper describing a bifurcation stenting method. I have the following observations. 1. The general presentation can be written with more clarity with simpler English, reducing the need to interpret the intentions of the authors. For example, a better title would be, "Guide Extension Assisted T-Stenting of Bifurcation Lesions". "Child-in-Mother" is an obsolete terminology from the days of guide-in-guide technique therefore should no longer be promoted. 2. Why was the 7 French guide used in all cases? Was this complemented by a 7 French Guideliner? Perhaps 6 or 5 French systems would be safer for deepseating with regard to ischaemia in more distal lesions. 3. Expand on the potential issues with a deepseated Guideliner. Is there a risk for stenting the tip of the Guideliner? 4. Expand on the angulation of the side branch. Whether geographical miss is such an issue with modern stents where the drugs are expected to elute beyond 5mm of the stent struts, unless there is significant plaque shift. 5. Was OCT done in case one? Is there follow up data?

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Cardiology

**Manuscript NO:** 62699

**Title:** Novel guide extension assisted stenting technique for coronary bifurcation lesions

**Reviewer's code:** 02641731

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** Sweden

**Manuscript submission date:** 2021-01-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-01-20 09:42

**Reviewer performed review:** 2021-01-26 04:07

**Review time:** 5 Days and 18 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

The authors attempted to facilitate precise stent implantation at the ostium of the side branch or the distal main segment in a coronary bifurcation lesion by using a guide extension catheter (child-in-mother). They concluded that the technique facilitates stenting of solely the diseased segment without leaving excessive stent metal at the bifurcation site, and consequently has the potential to reduce the risk of short-and long-term complications. The author's manuscripts are actual and clinically relevant. They present useful techniques using a guide extension catheter. However, several issues should be considered to assess the results in this paper. My comments are related to the following points: 1) Can two guidewires and a stent be inserted into the catheter when using a 6 French catheter? 2) The text is a little long, so please shorten it.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's code:** 05558225

**Position:** Peer Reviewer

**Academic degree:** FRCP, MBBS, MD

**Professional title:** Consultant Physician-Scientist

**Reviewer's Country/Territory:** United Kingdom

**Author's Country/Territory:** Sweden

**Manuscript submission date:** 2021-01-20

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2021-03-31 15:54

**Reviewer performed review:** 2021-03-31 16:14

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The authors have answered the questions I raised. The revised manuscript still titled "A



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<https://www.wjgnet.com>

novel child-in-mother guide extension facilitated stenting technique for coronary bifurcation lesions", the awkward "child-in-mother" terminology is still there. Please check that the authors have revised the manuscript as they said they had.