

October 25, 2021

Dear reviewers:

I am very grateful to your comments for the manuscript. According with your advice, we amended the relevant part in manuscript.

1 Revision has been made according to the suggestions of the reviewers

The review's composition comment on the manuscript and my answer

Reviewer #1:

(1) Any preventive strategies pursued (pt smoking 60 cigars / day)?

Answer: After discharge, the patient had good compliance with smoking cessation. We add it to the follow-up section.

(2) BP is expressed in mmHg more commonly than kpa

Answer: We agree with your comment and kpa has been replaced with mmHg.

(3) In retrospect, would giving heparin played a role in life threatening bleed?

Answer: Following your advice, I have consulted relevant literature. Life-threatening bleeding complications caused by heparin are rare. In most cases, heparin should be discontinued in the event of severe vascular bleeding during interventional procedures.

(4) Should there be a cap on the no of attempts and intervention time?

Answer: Yes, timely termination of procedure can reduce the occurrence of vascular bleeding complications. Reasons to stop a PCI attempt include high radiation dose (> 5 Gy air kerma dose), large contrast volume administration ($>3.7 \times$ the estimated creatinine clearance), exhaustion of crossing options, or patient or physician fatigue. We add it to the discussion section.

(5) Prevention of the life threatening bleed is also an important take home message, not reflected in the conclusion

Answer: Thanks for your advice. Prevention of vascular bleeding complication of PCI is also important. Careful assessment of individual risk should guide choice of strategy during different stages of the interventional procedures. Avoiding excessive manipulation, controlling intraoperative blood pressure and the activated clotting time, and timely adjustment or termination of procedure can reduce the occurrence of vascular bleeding complications. We add it to the conclusion and discussion sections.

Reviewer #2:

1-The case described is a male patient 59 years old with a history of hypertension for 30 years. Through calculation, one can refer that he was only 29 years when he was diagnosed with

hypertension. His hypertension treatment requires multi-drug treatment; calcium channel blockers, diuretics, and ACE inhibitors. Anyone who reads this story should be suspicious of the secondary causes of hypertension. Was this sought for this patient?

Answer: Secondary hypertension was excluded after an outpatient evaluation. We add it to the history of past illness section.

2- I would appreciate it if the authors comment on the number of trans-radial percutaneous coronary interventions they perform in a year. Additionally, the total number of percutaneous interventions performed in the authors' center should be noted so that the reader can have an estimated proportion reading the manuscript. With these numbers, the reader can discern the level of experience of the clinic regarding percutaneous interventions.

Answer: The total number of PCIs performed in our center is 1,500 to 2,000 per year, and the number of transradial PCIs performed by each clinician is approximately 200 per year. This is the first case of subclavian artery bleeding in our center in the past 5 years. We add it to the discussion section.

3- In the discussion section under the modifiable factors section listed was hypertension. On the other hand, diabetes was listed under non-modifiable factors. In the second paragraph of the discussion, the authors discuss the predictors of vascular injury and potential associated factors. However, this section can be improved.

Answer: This section has been improved. High intraoperative blood pressure is potentially modifiable factor and a past history of hypertension and/or diabetes is nonmodifiable factor.

4- Since this case report describes a rare complication managed well, some comments should be made on how to prevent it from happening.

Answer: Prevention of the complication was added to the discussion section, which is detailed below.

Preventing vascular bleeding complications of PCI is also important. Careful assessment of the individual risk should guide the choice of strategy during different stages of interventional procedures. Avoiding excessive manipulation, controlling intraoperative blood pressure and the activated clotting time, and timely adjustment or termination of the procedure can reduce the occurrence of vascular bleeding complications. Reasons to stop a PCI attempt include a high radiation dose (> 5 Gy air kerma dose), large contrast volume administration ($>3.7 \times$ the estimated creatinine clearance), exhaustion of crossing options, or patient or physician fatigue.

2 The format of the manuscript has been updated. We have uploaded the approved grant application form(s) or funding agency copy of any approval document(s). The original figure and table documents have been prepared and uploaded. All graphs or arrows or text portions can be reprocessed by the editor.

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*.

Yours sincerely,

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