

## ROUND 1

### Response of the authors to the Editor and reviewers regarding Cardiology Manuscript NO: 62699

Thank you for all constructive comments, which surely have contributed to improvement of the manuscript. We have considered all the points commented by the Editors and reviewers. We have marked the changes, deletion, addition, and corrections in the revised manuscript by red colors. The coauthor is from England and critically reviewed the language

Please see our responses

#### Reviewer-1

**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.

**Authors response:** We thank you for this encouraging comment

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?

**Authors response:** Yes, when 6F guide-liner used in 6F Guide and the guideliner is mounted on both guidewires, the stent can be inserted and we have used this in some patients but because the figures was clearer for the readers, we have selected the cases provided in the manuscript because of very clear StentBoost and OCT images. However, a guidewire outside the 6F guideliner in 6F Guide is not possible but, in our cases, both wires are inside the guid-liner.

2) The text is a little long, so please shorten it.

**Authors response:** We have tried to delete the repeated texts and shortened the manuscript as much as possible without losing the main message. However, the WCJ and other reviewer have requested other points as “Article highlights” and others so the text has not become much shorter. We hope that it will be acceptable

## Reviewer 2

**Specific Comments to Authors:** This is a nice paper describing a bifurcation stenting method.

**Authors response:** We thank you for this encouraging comment

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.

**Authors response:** According to your recommendation, we have deleted the term “Mother-in-child” in the title of the manuscript

from

**“A novel child-in-mother guide extension facilitated stenting technique for coronary bifurcation lesions**

to

**“A novel guide extension assisted stenting technique for coronary bifurcation lesions”**

And accordingly, we changed that in the remainder of the manuscript.

2. Why was the 7 French guide used in all cases? Was this complemented by a 7 French Guideline? Perhaps 6 or 5 French systems would be safer for deepseating with regard to ischaemia in more distal lesions.

**Authors response:** In the cases illustrated, 7F GuideLiner in 7F Guide catheter was used because the images were clearer for the readers

We have also used 6F guideliner in 6F guide and there are no problems with that because it is possible to insert a stent on a wire with another wire inside the guideliner (the guide-liner is mounted on both wires. Hitherto, we have treated the proximal bifurcation stenoses as highlighted in the manuscript and not tried with distal bifurcation lesion because of the risks associated with very deep intubation.

We have not tried to use 5F guide-liner, we believe that it will not be possible to insert a stent on a wire with another beside the stent inside the 5F guide-liner because the main idea of this technique is to mount the guide-liner on both wires.

3. Expand on the potential issues with a deepseated Guideliner. Is there a risk for stenting the tip of the Guideliner?

**Authors response:** We have not used this technique in distal bifurcation stenoses, There is no risk of stenting the tip of the guide-liner; the stent balloon is much larger than the guide-liner and during implantation of the stent and with early balloon inflation during implantation, the stent balloon push the guide-liner retrogradely.

**Because of this point, we have added under limitation the following**

Care must also be taken to ensure that the proximal stent-balloon marker is not proximal to the guide extension radio-opaque marker during stent implantation to avoid inadvertent “trapping” of the guide extension.

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.

**Authors response:** We hope that we have understood the question. To stent of the Y-shaped side branch, and to use the most appropriate technique, there is always risk of missing the upper edge of the side branch ostium or protrusion of the stent into the main branch at the lower edge of the side branch ostium in order to cover

the whole ostium. This is one limitation of the technique and we have acknowledged that in the manuscript.

However, precise positioning of a stent at the side branch is important as many stent platforms `shorten` upon deployment

5. Was OCT done in case one? Is there follow up data?

**Authors response:** Unfortunately, we did not do OCT in case one. In this manuscript, our intension was to report the technique. I am sure there will more reports in the future, but we have not seen complications in the acute and subacute stages or new PCI for restenosis on the cases we have done.

## 5 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) *Science editor:* 1 **Scientific quality:** The manuscript describes a diagnostic and therapeutic norms of the novel child-in-mother guide extension facilitated stenting technique for coronary bifurcation lesions. The topic is within the scope of the WJC. (1) Classification: Grade B and Grade C; (2) Summary of the Peer-Review Report: The authors reported a nice paper describing a bifurcation stenting method. They present useful techniques using a guide extension catheter. It is actual and clinically relevant. However, some questions raised by the reviewers should be answered; and (3) Format: There are 4 figures. A total of 14 references are cited, including 5 references published in the last 3 years. There are 2 self-citations, which are related to this title. 2 **Language evaluation:** Classification: Grade B and Grade A. 3 **Academic norms and rules:** No academic misconduct was found in the Bing search. 4 **Supplementary comments:** This is an invited manuscript.

**Authors response:** We thank you for your satisfaction

The study was supported by Akdeniz University Research Foundation.

**Authors response:** We do not recognize the above sentence. Our study from Karolinska University Hospital and not from "Akdeniz University". Please check that in order to be right

The topic has not previously been published in the WJCC. 5 Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions;

**Authors response:** We have added the authors contribution to the main manuscript after "Core tip" as follows

**Contribution of the authors**

Y-Hassan S contributed to the study conception, interpretation of the results, and manuscript write up. De Palma R contributed to interpretation of the results, critical review and manuscript write up

All authors have read and approved the final manuscript

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(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

**Authors response:** We have provided the 4 original figures in power point format (62699 power point figures)

(3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

**Authors response:** The list of authors is available in all, PMID is available in all, DOI was missing in 3 references (Reference 5, 6, and 10), we have added all the 3 DOI numbers marked by red texts.

and (4) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text. 6 Re-Review: Required. 7 Recommendation: Conditional acceptance.

**Authors response:** We have added the "article highlights" at the end of the main text as follows

### **Article Highlights**

- 1- A novel guide extension assisted stenting technique for coronary bifurcation lesions is described.
- 2- This technique facilitates stenting only the diseased side branch or distal main segment in non-true bifurcation lesions
- 3- It also facilitates stenting the side branch of true bifurcation lesion as a part of 2-stenting techniques.
- 4- This technique does not leave unnecessary stent metal at the carina region of the bifurcation.
- 5- Consequently, it facilitates performing final kissing dilatation and potentially decreases the risk subacute stent thrombosis and future in-stent restenosis.

**(2) Editorial office director:**

**(3) Company editor-in-chief:** I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Cardiology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

**Authors response:** We have responded to all issues point by point; we hope it will be acceptable

## ROUND 2

Reviewer #1: The authors have answered the questions I raised. The revised manuscript still titled "A 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.

Authors response: I am sorry that the first title remained. We Changed the title to **"A novel guide extension assisted stenting technique for coronary bifurcation lesions"** as you see from my first revision and response to the reviewers (please see below). I think it was remained as a title because the old title remained at the manuscript submission site. We have changed the title and the terminology of "child-in mother" is completely absent in the manuscript