

Response to Reviewers

Thank you to the reviewers for your careful reading of our article and your supportive and constructive comments. We provide a point-by-point response below.

The authors present a review on the duration of DAPT after PCI. This is a topic of clinical importance. There are some issues that have arisen as follows:

MAJOR COMMENTS

- The authors state that traditional DAPT duration is at least 12 months after drug-eluting stent implantation for low bleeding risk patients. However, this is misleading; according to the latest guidelines 12 months of DAPT is reserved only for acute coronary syndromes but not for chronic coronary syndromes (i.e. stable coronary artery disease). The standard duration of DAPT after elective PCI (with DES) is 6 months. The authors are also advised to review the latest ESC guidelines on chronic coronary syndromes.
- We have made it clear that 12 months of DAPT is reserved only for acute coronary syndromes, and standard DAPT after elective PCI with DES is 6 months for chronic coronary syndrome. We have included the latest (2019) ESC guidelines on chronic coronary syndromes in citation [3] which also includes this guidance.
- - Both the abstract and the initial part of the introduction refer to the duration of DAPT in general. However, according to the last sentence of the Introduction, the authors state that the review will investigate the shortened length of DAPT post stent implantation for acute coronary syndrome. The authors need to make clear in the abstract and earlier in the Introduction that the aim of the review is focused on DAPT for acute coronary syndromes. Also, the title should be modified accordingly.
- Apologies, the last sentence of the introduction is incorrect - the aim of the review is focused on DAPT for acute coronary syndrome and chronic coronary syndromes as all of the randomised control trials have focused on patients presenting with both. We have therefore made it clear that this review is for duration of DAPT in general. We have amended both the abstract and the last line of the introduction.
- - The title/legend of Table 1 has problems regarding English syntax and is inadequate. The authors are advised to provide a concise Title and include notes as footnote below the table. Lastly, change "DAPT time" to "DAPT duration"
- We have now changed the title of Table 1 to "current stents categorised by stent material, polymer, eluted drug, and shortened DAPT time validated for followed by aspirin or P2Y12 inhibitor monotherapy." We have included the comments "If there was no randomised control trial or prospective trial with a paired control investigating DAPT duration, DAPT time validated for is put down as 'standard/no short DAPT'." and "the STOPDAPT-2 trial examined 1-month DAPT followed by P2Y12 inhibitor therapy" as footnotes below the table.
- We have changed DAPT time to DAPT duration

- - Table 1: do all these data refer to patients with acute coronary syndrome?
- The majority of the data (references 5-18) refer to patients with acute coronary syndrome and chronic coronary syndrome, and this has been made clear in the introduction and the abstract that this is the aim of the review. There was a roughly 1:1 ratio between ACS and no ACS for patients. All of these papers have assessed the outcome as general acute coronary syndrome and chronic coronary syndrome without separating them into separate subgroups. The One-Month DAPT Study and the EVOLVE Short DAPT study for the Synergy stent, which excluded patients with acute myocardial infarction, and we have made a mention of this as a footnote.
- - Shortened DAPT with newer generation DES/Evidence for shortened DAPT for specific stents: the authors need to clarify whether these results include patients with acute coronary syndrome or stable coronary artery disease
- Shortened DAPT with newer generation DES - The meta-analysis includes both the general population of coronary artery disease (ACS and chronic coronary disease) and subgroups (patients with ACS). The results included were for the general population of coronary artery disease and we have made this clear.
- Evidence for shortened DAPT for specific stents – these results have been split into RCTs with 3 month DAPT duration, RCTs with 1 month DAPT duration, and observational studies. All of these studies include patients with acute coronary syndrome and stable coronary artery disease, except the One-Month DAPT Study and the EVOLVE Short DAPT study for the Synergy stent, which excluded patients with acute myocardial infarction, and we have made a mention of this in the paragraph.
- As per the suggestion below, we have included a table with the duration of the short DAPT regimen investigated with the different subgroups of ACS vs stable coronary disease in order to differentiate the two.
- - The 'Evidence for shortened DAPT for specific stents' is a very large section which is not easy for the reader. This section would benefit from better organization and subsections according to the duration of short DAPT regimen investigated.
- We have now added subsections according to the type of research conducted
- - Also, related to the previous comment, a figure (e.g. forrest plot) or Table summarizing the main results for hard outcomes (death, MI, stent thrombosis) according to the duration of DAPT studied would be helpful for the reader
- In order to make this easier to appreciate, we have included a table to summarise the data.
- - Lately, monotherapy with the newer P2Y12 inhibitors (e.g. ticagrelor) has been proposed and studied as a viable alternative. What do the authors think?

- We have included data on ticagrelor and offered it as a good avenue for further research to concentrate as monotherapy when comparing between stents
- - Personalized assessment of DAPT duration: Except for the PRECISE-DAPT score, are there any other scores used for determining the duration of DAPT?
- We have also included other scores to determine the duration of DAPT, including the DAPT score in the original manuscript. Those are the two major risk scores, but we have also included the PARIS score.

MINOR COMMENTS

- There are no page numbers on the submitted documents
- We have now included page numbers
- - Pg. 7: what does "Cre8" stand for?
- This is the trade name of the stent
- - Pg.8: correct to "XIENCE Short DAPT Program"
- This has been corrected
- - Pg. 9 – Personalized assessment of DAPT duration
- We have corrected it to the Americanised spelling
- – 2nd line: correct to "PRECISE-DAPT score"
- This has been corrected
- - English language Spelling: "implantion" -> "implantation" Pg 6: correct to "...that there were higher rates..." Pg 7: "...this was on an intention-to-treat analysis..." revise as needed Pg.7: correct to "...There appear to be some observational studies..."
- Pg.9 – Discussion – 1st sentence: Improve syntax Pg. 10: "As well as local effects to prevent stent thrombosis, ..."
- Improve wording; do not start with "as well as"

- All of these reasonable points have been actioned

(1) Science editor: 1 Scientific quality: The manuscript describes an Academic Activity Report of the shortened DAPT in contemporary PCI era. The topic is within the scope of the WJC. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: The authors present latest data from studies and randomized trials. The authors need to make clear in the abstract and earlier in the Introduction that the aim of the review.

- This has now been made clear in the abstract and in the introduction that the aim of the review is to present latest data from studies and randomised trials regarding shortened DAPT in contemporary PCI era for both ACS and chronic coronary syndrome

The questions raised by the reviewers should be answered;

- All points raised by the reviewers have been answered

(3) Format: There is 1 table and 1 figure; (4) References: A total of 34 references are cited, including 17 references published in the last 3 years; (5) Self-cited references: There is no self-cited reference; and (6) References recommendations (kindly remind): The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade B. The authors are native English speakers. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJC. 5 Issues raised: (1) 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; (2) 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

- The figure has been made by the authors. We can provide the powerpoint file for the image.
- PMID and DOI numbers have been included in the reference list. Only reference [8] does not have a PMID and DOI as this was from a conference.

and (3) Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and copyrights. For example, "Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]". And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable. 6 Recommendation: Conditional acceptance.

The diagram/figure has been created by the authors of this review article