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Response to Editors and Reviewers

We appreciate the Editors and Reviewers for their consideration to prepare our manuscript for publication. According to the Editors' comment, we provided additional information about our institution, added COI in the title page and modified the reference section. Responses to specific comments by each Reviewer are as follows.

Reviewer's comment (Reviewer No. 02639698)

The manuscript is well written and focused on clinical targets. We suggest to add a paragraph on the potentials of use of biodegradable scaffolds in diabetic patients. The paragraph on impaired glucose tolerability should be deleted since this topic deserves a much more extensive discussion.

Response to reviewer's comment

According to the comment, we added a paragraph with 2 additional references (#27 and #28) BVS as follows. Regarding other novel devices, bioresorbable vascular scaffolds (BVS) may be a candidate treatment of CAD in diabetic patients. BVS are novel intra-coronary devices that have potential advantages over metallic DES in terms of adverse coronary events such as stent thrombosis because unlike metallic DES, no uncovered struts or polymers exist after the scaffolds are resorbed. [27] To date, only a single clinical study has reported on the efficacy of BVS in diabetic patients. Muramatsu et al. compared BVS and EES in diabetic patients using different clinical trials of each device and reported that the incidence of the clinical outcome, which was a composite of cardiac death, target vessel MI, or ischemia-driven target lesion revascularization, was similar between BVS and EES in diabetic patients (3.9% for the BVS vs. 6.4% for EES, $p = 0.38$). [28] As described by the authors, the data analysis was performed using different pooled data and the study population number was quite small ($n = 102$ in the BVS group and 172 in the EES group). Further studies in a larger cohort of diabetic patients are required to demonstrate the safety and efficacy of BVS.

(From Page 10, line 2 to 17)

We agree that description regarding IGT seems to be beyond the scope of this editorial.. However, early detection of abnormal glucose metabolism and intervention may have a potential to prevent future coronary artery disease and we think that we should indicate importance of early detection and intervention of such abnormal glucose metabolism here. Thus, we dare not to delete the paragraph about IGT. We revised as follows: We understand that IGT is not simply an early stage of T2DM but rather an important state predisposing to T2DM. In fact, Progression to diabetes was observed in 10 % of IGT patients ^[33]. Additionally, it was suggested that IGT itself might have an impact on CAD morbidity and mortality [34]. (Page 12, line 9 to 12)

Reviewer's comment (Reviewer No. 01593993)

This is an interesting editorial reviewing current status of coronary artery disease and revascularization. Main comments: - I would discuss different scores (Syntax, Syntax 2, Euroscore, II) that may help decide best approach for revascularization by using clinical and anatomical factors. - A table summarizing the results of PCI vs. CABG trials would also be of help.

Response to reviewer's comment

According to the reviewer comment, we added a following paragraph regarding scoring systems that are used in clinical practice. SYNTAX score is a reliable score to assess coronary anatomical features and lesion complexity [16]. EuroSCORE is also a useful scoring system that is based on the clinical background information of an individual patient, which might predict the operative mortality for patients undergoing cardiac surgery [18]. Recently, revised versions of these two scoring systems were proposed. Because combining the SYNTAX score and other clinical variables have been demonstrated to be more accurate in identifying the risk of patients with complex CAD compared with the SYNTAX score alone, the SYNTAX score II was constructed, which included the original SYNTAX score and the following variables: the presence of unprotected left main CAD, female gender, chronic obstructive pulmonary disease, age and left ventricular ejection fraction [19]. Similarly, EuroSCORE II is an updated version of the original EuroSCORE, reconstructed from a large database of 22,381

consecutive patients undergoing cardiac surgery in 43 countries in 2010 using a logistic regression model [20]. These scoring systems may provide additional and reliable information to better decide revascularization strategies. (From Page 5, line 21 to Page 6, line 14)

According to the reviewer comment, a table of clinical trials of PCI and CABG in diabetic patients was added as Table 1.

Reviewer's comment (Reviewer No. 02469709)

There do not appear to be any original results, and this is not a typical review of the literature either. Authors make statements that may not be justified, such as death and MI being primary endpoints, whereas revascularizations are softer 'secondary' endpoints which should be considered separately. Yet revascularizations are often included in composite primary endpoints. It is not clear how or if the conclusions are derived from the literature presented (accept)

Response to reviewer's comment

We appreciate for your time and reviewing our draft. Please note that this is neither original article nor review article but an editorial. In addition, we have already specified the type of endpoint in our statement regarding clinical trials as much as possible.