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Manuscript Type: REVIEW

Answering reviewers

Dear Drs. De Luca, Li, and Wong,

Please find the attached, revised copy of our manuscript entitled "Coarctation of the Aorta: Management from Infancy to Adulthood." We appreciate the reviewers' thoughtful comments and have made every attempt to address the concerns mentioned. Below is an itemized list of the concerns and the manner in which they have been addressed.

Reviewer 1 (00258135):

The review of Torok and coll. offers a complete and very interesting revision about the diagnosis and the therapeutical approaches for the coarctation of the aorta. This reviewer has no further comments and considers the paper suitable for publication.

Reviewer 2 (00505578):

Dr. Hill and colleagues presented an elegantly written review on a rare entity. **Author's response: We would like to thank the reviewers for taking the time to review the manuscript and for the complimentary comments.**

Reviewer 3 (02453249):

The Authors review the presentation and diagnosis of aortic coarctation and then focus on surgical and transcatheter approaches with their most recent associated outcomes. Management of coarctation of aorta depends upon age, clinical presentation, type of coarctation, associated arch hypoplasia, and associated heart defects as ventricular septal defect. Thus the paper might be more useful if the management in neonates and infants, and in the adult is discussed separately. Also some tables detailing outcome studies in neonates and infants, and in the adult seems useful, as well "summary" tables for the key points of the review ("take-home" messages) Finally, some more recent studies (Kische et al 2015) reporting management of coarctation in the adult should be quoted.

Thank you for your suggestions and for taking the time to review our manuscript. We appreciate your thoughtful insight. In response to your critiques we have made the following changes:

1. We have added a paragraph on page 13 describing the approach to management in infants, children, adolescents, and adults with native versus recurrent and simple (isolated, juxtaductal) versus complex coarctation. A section from the paragraph on page 9 regarding balloon angioplasty in native coarctation was moved into this management algorithm paragraph as well. Regrettably, the American Heart Association would not provide permission to reprint their guidelines in the word for word format provided in the previous Tables 1 and 2. Instead, we have paraphrased the guidelines throughout the manuscript (particularly in the added paragraph on management), citing the published guideline statements.
2. In response to your suggestion for a table documenting outcomes studies in neonates and adults and Reviewer 4's suggestion for a table documenting the most important studies, we have added a new Table 1 to the manuscript.
3. We have provided an "Executive Summary" table (Table 2) for the key points of the review ("take-home" messages).
4. Thank you for directing us to the Kische manuscript. We were not aware of this manuscript when drafting the initial manuscript. This reference has been added to the management section, as suggested.

Reviewer 4 (00236103):

This is a well written overview on the actual state of art of the management of coarctation of the aorta in infancy and in adults. There are only some minor comments and suggestions for further improvement: 1. in page 8, discussion of children with coarctation and right single ventricle: the reference to Figure 4 is unclear. Figure 4 itself is unclear, and the legend should give some more details 2. It is strongly recommended to present a Table listing the most important studies with respect to treatment, primary success and follow-up

Thank you for your review and suggestions. We agree that Figure 4 is unclear and not necessarily additive to the manuscript. We felt it would streamline the manuscript and increase clarity if we simply removed the figure. As noted above under the response to Reviewer 3, we have added Table 1 summarizing some of the highest impact manuscripts with respect to management of coarctation of the aorta.

In summary, we appreciate the reviewers' thoughtful commentary and suggestions and have attempted to address all of the concerns mentioned. We hope you will consider our revised manuscript for publication. All authors contributed to the manuscript literature review, data compilation, and writing and have approved their submission for publication. We confirm this is an original manuscript which has not been previously published and is not being

considered for publication elsewhere . Gregory A Fleming is the site principal investigator for the Covered Cheatham Platinum Stents for the Prevention or Treatment of Aortic Wall Injury Associated With Coarctation of the Aorta (COAST II) trial at Duke University Medical Center. No financial compensation is received from this position. There are no additional conflicts of interest or financial disclosures related to this manuscript for any author.

Thank you for considering our revised manuscript for publication in the World Journal of Cardiology.

Sincerely,

Rachel D. Torok

Rachel D. Torok, MD