

Dear Editor,
World Journal of Cardiology

We thank the Editor and reviewers for their constructive comments and suggestions with regards to our manuscript entitled 'The impact of clinical and procedural factors upon C reactive protein dynamics following transcatheter aortic valve implantation' (Manuscript ID: 25802) for publication in the *World Journal of Cardiology*. In response, please find a point-by-point response:

Reviewer 1:

In general, the paper was well written.

We thank the reviewer for the positive comments

The unit of CRP (mg/dl) in the paper is not reasonable. The authors should recheck whether the unit of CRP in their paper was high-sensitivity kit produced (mg/l).

Thank you – we have now revised the manuscript to reflect the correct units of CRP – mg/l in both the text and figure.

The authors should test whether difference between the peak CRP level and baseline CRP level will be associated with CVD events including mortality or not.

Thank you for raising this important point. In response to the reviewer comments we have now analyzed if the magnitude of change in CRP (difference between peak and baseline CRP levels) was associated with CVD events (including mortality). We did not have that this was associated with outcomes. We have now included this additional analysis in the manuscript:

'We also did not find the magnitude of change in CRP (the difference between peak and baseline levels) to be a predictor of 30-day mortality (HR per unit increase, 0.92, 0.83-1.14, $p=0.33$).'

Reviewer 2:

The authors are congratulated for this nice study on the prevalence of CRP rise following TAVI. Although clinical consequences are not completely clear, the study was nicely executed and the text is well written. I do not have specific comments.

We thank the reviewer for the positive comments

We believe that the manuscript is very much improved as a consequence and very much look forward to hearing from you with regards to our revised manuscript.

Yours sincerely,

Dr Neil Ruparelia