

Dear Editor and Reviewers at the World Journal of Radiology,

We sincerely appreciate the time you took to review and edit our paper and to provide detailed comments about its content. We have edited our paper according to each of your suggestions and are re-submitting it for your additional review. We have addressed each of the points raised and suggestions made by the editor and the five reviewers below. Thank you again for your time and effort.

To the Editor:

- The re-submitted/edited version of this paper is in doc format, not pdf, as you suggested.
- The signed conflict of interest PDF file is submitted with this paper.
- The audio core tip is submitted with this paper, as requested.
- The reference numbers embedded in the text have all been changed to brackets instead of parentheses, as you suggested.
- The inclusion of Figure 16 in parentheses on page 14 was a mistake and has been deleted from the edited version.
- We have included a total title for Figures 8, 9, 10, and 11, as you suggested.

To Reviewer #1:

- We appreciate your time and your kind words about our paper.

To Reviewer #2:

- We appreciate your time and your kind words about our paper.

To Reviewer #3:

- We appreciate your time and your kind words about our paper.

To Reviewer #4:

- We appreciate the time you took to review our paper and the detailed suggestions that you provided.
- Your question regarding the prevalence of major PE with right ventricular dysfunction is an important one; therefore, we added a paragraph dealing with the importance of RV dysfunction in normotensive patients and the impact of acute PE in these patients. This is the third paragraph in the Clinical Presentation section.
- We agree that a small percentage of all patients with acute PE will develop CTEPH and we have included a sentence about this along with a reference in the paragraph before the Surgical Treatment section.
- While we agree that medical treatment is not the main topic of this paper, a brief discussion of non-endovascular treatment of PE (i.e. medical and surgical treatment) is important to include in this paper and is helpful as a brief review, prior to delving into a detailed discussion of endovascular therapy.
- We agree that discussion of non-thrombotic emboli is not relevant for this manuscript, and we have removed the paragraph that mentions this entity from the paper.
- While we agree that surgical embolectomy is not widely available, with the establishment of pulmonary embolism response teams and standardized treatment protocols, the

availability of cardiothoracic surgery for emergent embolectomy will become a treatment option at many tertiary care centers.

- We have included a table outlining each of the methods of catheter directed therapy of PE, as you suggested, along with available evidence for each method.
- We have included a brief review of the imaging diagnosis of pulmonary embolism at the end of the Clinical Presentation section, as you suggested.

To Reviewer #5:

- We appreciate the time you took to review our paper and the suggestions you provided.
- We have included a brief review of the imaging diagnosis of pulmonary embolism at the end of the Clinical Presentation section.