

To:

Editor in Chief

World Journal of Cardiology

Athens, Aug 14th, 2018

Dear Editor,

We would like to once again thank you and the reviewers for your comments and your efforts to improve our invited editorial entitled: "Revisiting endovascular treatment in BTK. Are DES the best option?" that was submitted for publication in the World Journal of Cardiology.

We have followed the reviewers' remarks and hope that we address their questions adequately. Please find attached a point-by-point list of all the changes made. Underlined phrases denote amended or newly added text in the revised manuscript. We also attach separately an annotated text file with numbered lines where you can refer for each change and revision made.

Regarding the English editing certificate, the authors would like to inform you that the initial report of the editing company was as follows: "we have found light grammatical and formatting mistakes..." However, the company required further payment in order to provide the certificate. Therefore, the authors have performed further English editing. We respect the journal's policy regarding non-native English speakers, however we kindly ask the editor if it is possible to omit the certificate as to avoid further charging.

If there is any question regarding this submission, please do not hesitate to contact me.

Looking forward to hearing from you, we remain,

Yours Sincerely,

Stavros Spiliopoulos, MD, PhD, EBIR

Asst. Professor in Interventional Radiology

University of Athens, Greece

Point by point reply

Reviewer 1

The authors report an interesting editorial on drug-eluting stents for below-the-knee revascularization. Despite the work strengths, I recommend addressing the following comments:

1. Add one or more tables summarizing the alternative therapies for BTK intervention.

Authors' response: Endovascular treatment options for BTK disease were introduced in table 1.

2. Add one or more tables summarizing the key evidence sources on alternative therapies for BTK intervention.

Authors' response: Randomized controlled trials for infrapopliteal drug-eluting technologies were introduced in table 2.

3. Quote other references from other authors/institutions to provide a more balanced perspective on BTK intervention.

Authors' response: Further references were introduced.

Reviewer 2

The paper is interesting and offers to non interventional clinicians useful information in order to treat BTK critical lesions. As stated by authors POAD is more frequent and severe in diabetes and kidney failure. Have they any data comparing results in diabetic patients to those of non diabetics. Which was the incidence of diabetes in the populations reported in the meta analysis of Katsanos et al.

Authors' response: The requested data were introduced in page 4, lines of the annotated manuscript as follows: "Specifically, patients with diabetes and CLI should undergo prompt revascularization as the survival rate in such patients has been reported to be as low as 25% at 5 years, while diabetes has been correlated with increased risk of limb amputation and repeated revascularization procedures. (2)"

In the metaanalysis by Katsanos et al, the number of diabetic patients is not reported.

Editor's comments

DY1. All comments of the reviewers were addressed

DY3. Key words from Index Medicus were introduced

DY4. Core tip was reduced to 100 words

DY5. Names and title were introduced

6. References were revised accordingly.