

Response to Reviewers

Dear Editors and Reviewers:

Thank you very much for your letter and the comments to our manuscript entitled “Subclavian artery stenting via bilateral radial artery access: a case report”. Those comments are very helpful for revising and improving our paper, as well as of important guiding significance to our future researches. We modify our paper as follows according to your comments.

Reviewer reports:

Reviewer 1:

1. The reviewer’s comment: Studies have shown that cerebral angiography via radial artery access is safe. However, for stenting, there are no trials to prove its safety. This manuscript suggests that subclavian artery stenting via radial artery is feasible, but in this case, if the patient has complications, such as thrombosis, etc., is there a way to deal with it?

Response: The complications of transradial artery treatment were significantly lower than that of transfemoral artery in previous cardiac studies. As for possible complications, such as thrombosis, the most important thing is prevention. Two kinds of antibiotics are needed for more than 5 days before operation. After radial artery puncture, nitroglycerin (200 U) was given to prevent spasm, and heparin (60-80 U/kg) was given for anticoagulant therapy. If acute stent thrombosis is formed, it can be immediately sent to the catheter through bilateral radial artery sheath for thrombectomy and thrombolysis.

2. The reviewer’s comment: If the author could add a table to present the basic information and treatment details of the four patients, this manuscript will be more valuable.

Response: Your suggestion is very good and can make our article more intuitive. Because the combination of basic information and imaging will be better understood, I think it is better to write the basic information in the manuscript. If we make a table display, there will be data duplication. We will adopt your suggestions in the writing of

future case reports.

3. The reviewer's comment: How to ensure that the peripheral stent does not come out of the balloon when it is delivered directly by the guide wire without guiding catheter support, please specify.

Response: In fact, two kinds of supports can be selected, including self-expanding support and ball expanding support. The self-expanding support is transported with 0.014 guide wire. The support itself is in the catheter and will not fall off. The spherical stent was used in this study. It does have the risk of falling off the balloon during delivery. The main risk is falling off when in the radial sheath, but this is equivalent to delivering the stent in the catheter. If the bracket is highly suspected of falling off, it can be examined under fluoroscopy. If it cannot be judged, the ball expander support will be retracted. If it does fall off in the sheath, the sheath can be pulled out. The treatment plan is adjusted to the femoral artery. Requirements for conveying support: (1) 0.035 guide wire shall be kept as smooth as possible; (2) the radial artery shall not be folded; (3) the stent shall be delivered gently and not violently. (4) after the stent enters the brachial artery through the radial artery sheath, the stent is not easy to fall off due to the increase of vessel diameter. However, it shall not be delivered violently. (5) during the whole delivery process, the balloon shall not be expanded.

Reviewer 2:

1. The reviewer's comment: Authors presented a new approach to treat subclavian artery stenosis. This manuscript is well written and all points and criticisms of the endovascular technique have been mentioned. I have no comments about specific sections. Congratulations to Authors for this interesting paper.

Response: Thank you for your recognition of our work. We will continue to work hard.

DITORIAL OFFICE'S COMMENTS:

1. The science editor's comment: This case report needs to be corrected for grammar and punctuation errors. There are no other comments.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

Response: We have revised the English.

2. The company editor-in-chief's comment: Before its final acceptance, the author(s) must provide the Signed Informed Consent Form(s) or Document(s) of treatment in Chinese. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: We have provided the Signed Informed Consent Form and the figures using PowerPoint.

We thank the editors and reviewer for their hard work and hope our work will make it more acceptable for publication.

Thank you

Sincerely yours

Xiaoyan Dai