December 28, 2012

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: WJC\_editorial\_revision-741.docx).

**Title:** **Can We Still Learn From Single Center Experience After PARTNER?**

Author: Benoit Daneault, MD, Tamas Z Fulop, MD, Paul Farand, MD, MSc

Name of Journal: *World Journal of Cardiology*

ESPS Manuscript NO: 741

We would like to thank the reviewers for their comments. We believe they helped to improve the content of this manuscript.

Reviewer 2

**The authors should correct some of the typos and grammatical errors in the text.**

This issue was addressed.

**“An alternative is that some patients received medical therapy because they had asymptomatic aortic stenosis, hence no indication for valve replacement.” This is very unlikely due to the high 30-day mortality.**

We agree that the 30-day mortality is very high. The 1-year mortality is however low compared with the PARTNER trial. Since do not have the reasons why these patients were not enrolled in the trial, we believe it is possible that some were asymptomatic. We believe this section is adequate based on the observations.

*What is surprising is that the 1-year mortality of medically treated patients in this study is lower (36.4%) then the 49.7% observed in PARTNER. These findings are hard to explain and should raise questions about the clinical follow-up of this study, which is not detailed in the manuscript. An alternative is that some patients received medical therapy because they had asymptomatic aortic stenosis, hence no indication for valve replacement.*

**“Frailty is known to be an independent predictor of mortality after open-heart surgeries and is often a cause of non-operability. This could be on of the unmeasured confounder that could alter the results of this multivariable analysis.” The authors should shortly discuss VARC-2 here and the potential this may have on the findings of Ben-Dor.**

This sentence was added:

Frailty is known to be an independent predictor of mortality after open-heart surgeries, is often a cause of non-operability and has now been characterize in the VARC-2 consensus document.

**“In conclusion, this single center, non-randomized study adds very little to what was already known from the PARTNER trial and larger multicenter registries.” I would not state this, it is an interesting study that shows the decision-making pathways. Randomized trials and registries are not the only worthwhile publications, this study broadens the horizon.**

We agree that this affirmation inadequate and it was changed to:

*In conclusion, this single center, non-randomized study is globally consistent with the PARTNER trial and larger multicenter registries.*

**Please add a reference for PARTNER-2 and SURTAVI (Eur Heart J 2012;33:2388-2398)**

It was added.

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