

Dear editor,

We are resubmitting the Manuscript ID NO.: 81584 entitled "Determination of intervention by fractional flow reserve value measured via the left internal mammary artery after coronary artery bypass grafting: report of 2 cases " to *World Journal of Clinical Cases*. Our responses to the comments by the reviewers are outlined below. Please also see the revised manuscript for details. For easily reading, we use the TRACK function of MICROSOFT WORD. Please simply select "Accept changes" to get rid of the TRACK markers if you do not like the tracks.

**Reviewers' comments:**

Dear Dr. Zhang,

Reviewer #1:

**Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** Paper ok to observe that IMA grafts, after CABG, (FFR measurement) is a good method to determine whether to intervene.

To Improve:

1. Introduction deficient to define problem statement and its current status.

**Response:** Sorry for the confusion. As suggested, we have further revised the Introduction section. Please check the revised manuscript for details.

2. Case presentation doesn't identify vital details like place of work and data obtained and others like ethical issues

**Response:** As suggested, we have added more details to the Case presentation section. The ethical statement has been added to the Footnotes. Please check the revised manuscript for details.

3. Minor grammatical revision required

**Response:** As suggested, we have gotten editorial help to improve the English writing of the revised manuscript. The language editing certificate has been provided. Please check!

Reviewer #2:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** 1. The left internal mammary artery (IMA), with

many branches along its course, is anatomically and relatively long and thin. Using IMA to measure its blood flow reserve fraction (FFA) could be greatly variable and uncertain for repeatability. If the FFR of case 1 is measured again, will it be lower than 0.8, so that balloon dilation intervention is not required? The FFR measured by IMA is based on the invasive examination of intervention. The article does not mention whether FFR measured by IMA is different from FFR measured by cardiac color Doppler, and what the advantages of FFR measured by intervention compared with FFR measured by cardiac color Doppler are.

**Response:** Thanks for the comment. In this study, the left internal mammary artery (LIMA) was used as the graft vessel for CABG. Only the main trunk of LIMA was reserved during CABG, and all the collateral branches were ligated. The pressure measuring guide wire was inserted into the stenotic segment of LAD through the LIMA to measure the FFR, thus determining whether there is functional ischemia in the distal coronary artery and whether to intervene.

However, we did not compare the FFR measured via LIMA with the FFR measured by cardiac color Doppler. This is a limitation of this study, which has been added in the revised manuscript. We will do this in future studies.

2. Two patients with recurrent chest tightness after coronary artery bypass graft (CABG) were reported in this case. The FFA of the left IMA was directly measured based on coronary angiography to comprehensively evaluate the degree of myocardial ischemia, and the next treatment was guided by the degree of myocardial ischemia, which has certain innovation and clinical application value. However, as the focus of this case report was to guide further treatment, the evaluation of the treatment effect of the two patients was incomplete only with the obvious relief of symptoms of chest tightness and shortness of breath, and no long-term follow-up was conducted for the two patients. The article only describes the situation of the patient within one week of hospitalization, and it is not excluded that the patient of case 2 treated with drugs had chest pain again after discharge. It's not convincing to conclude that the FFR measurement via the left internal mammary artery is a good intervention decision only based on the simple description of the two cases.

**Response:** Sorry for missing the follow-up information. We conducted regular follow-up in these 2 cases. At 3 months of follow-up, there was no recurrence of chest tightness or shortness of breath in Case 1. Similarly, the chest tightness or shortness of breath did not recur in Case 2. They are currently under constant follow-up.

We have added the follow-up information in the revised manuscript. Please check!

#### **4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH**

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

**Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.**

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

**Response: As suggested, we have gotten editorial help to improve the English writing of the revised manuscript. The language editing certificate has been provided. Please check!**

## **6 EDITORIAL OFFICE'S COMMENTS**

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

### ***(1) Science editor:***

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade D (Fair)

### ***(2) Company editor-in-chief:***

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. 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. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom

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**Response: The PPT containing the original figures and the approved grant application forms have been provided. Please check!**