

#1. Reviewer's code: 01204088

SPECIFIC COMMENTS TO AUTHORS

Giusca et al. presented the clinical safety and effectiveness of the 6F Rotarex®S system in a miniseries of 7 patients with acute lower limb ischemia affecting their crucial arteries, and concluded mechanical debulking using the 6F Rotarex®S catheter system may be a safe and effective treatment option in case of thrombotic or thromboembolic occlusion of the proximal and mid portion of crucial arteries in patients presenting with acute limb ischemia, especially when local thrombolysis represents an increased bleeding risk for patients. Although this study is interesting, it will be necessary to compare safety and efficacy with the other 95 patients. Page 5, line 5-9. Patients selection. Please explain how do you select these 7 patients to use the device. Page 10, line 1-5. Please show the clinical safety and effectiveness of the other 95 patients. In terms of safety and effectiveness, is there any difference between 7 cases in this series and other 95 cases?

Response:

The thank the reviewer for the valuable comments. Indeed, in our study we focused on 7 patients who received mechanical thrombectomy by the 6F Rotarex system in crural arteries. The remaining 95 patients who received mechanical thrombectomy by the Rotarex system in our department between the years 2015 and 2017, were treated in iliac or femoropopliteal arteries. From these 95 patients, efficacy of the Rotarex system was noted in 93 of 95 cases (98%) and vessel dissection or perforation was noted in 2 of 95 cases (2%), which in both cases was treated interventionally by prolonged balloon inflation or by placement of a stent. In the 7 patients, we focused on due to the use of the 6F Rotarex system in crural arteries efficacy was achieved in all 7 cases and vessel dissection or perforation was not observed in any case.

These data are now provided in our revised manuscript.

#2. Reviewer's code: 00227375

SPECIFIC COMMENTS TO AUTHORS

This is an interesting manuscript about the safety and efficacy of mechanical debulking using the 6F Rotarex®S catheter system in seven cases of thrombotic or thromboembolic occlusion of the proximal and mid portion of crural arteries. This manuscript is nicely structured and well written. I have no question about this manuscript.

Response:

We thank the reviewer for the encouraging comments!

#3. Reviewer's code: 02446706

SPECIFIC COMMENTS TO AUTHORS

The authors describe a successful new technique in 7 patients suffering from acute limb ischemia. Minor comments: In the Core Tip section: Line 4: and ischemic symptoms. I think the authors mean and abolishing ischemic symptoms. Please mention all abbreviations full out in the text when they appear for the first time. Please pay attention to the style and references should be cited in accordance with the journal requirements. In the Introduction section: follow order of references (8) and (6) should be switched to (6) and (8). Table 1: 7 patients instead of 6.

Response:

We thank the reviewer for carefully reading our manuscript and for the valuable comments and suggestions. All proposed changes have now been performed in our revised manuscript. In addition the reference style was adapted to that recommended by the journal.

#4. Reviewer's code: 00060494

SPECIFIC COMMENTS TO AUTHORS

The authors report on 7 consecutive patients with acute limb ischemia, who were treated by an endovascular approach, using the 6F Rotarex®S catheter System for local mechanical thrombectomy. 1. The table 1 topic showed: Table 1. Baseline characteristics of our 6 patients. However, there are 7 patients in the table and text. 2. The table 1 exists typesetting error. Please re-download it. 3. The topic of figure 2 and 3 should revise. 4. Figure captions, figure 1: thrombolysis should change to thrombolysis 5. The statistical analysis seems useless in this manuscript. 6. The proper noun should use full term when it appears first time in the text, and then, all of them should be used in abbreviation. Please correct all your proper noun used in your manuscript. For example, acute limb ischemia should change to ALI in the discussion portion, first word. For example, DCB, DEB, CFA, SFA, DSA...etc. 7. What is new of your study to bring to the readers?

Response:

We thank also this reviewer for carefully reading our manuscript and for the valuable comments and suggestions.

1. We thank you for the suggestion. The corrected the number 6 to 7 patients.
2. We now checked and corrected typos in table 1.
3. The topics of figure 2 and 3 were revised. Please not that figure 2 refers to the 'second look' angiography of our first patient A and figure 3 refers to patient B.
4. We made the suggested correction. Thank you.
5. Indeed, the number of patients reported in our manuscript is small. Therefore, we omitted statistical analysis by mean \pm standard deviation as suggested by the reviewer.
6. We thank you for the suggestion. We now mention the full name of each term the first time it appears in our manuscript.
7. This is the first time in the current literature, where the use for the Rotarex®S catheter is described in crural arteries. Due to the small size of such arteries, a high complication rate would be anticipated in case of Rotarex®S thrombectomy is such small vessels. In contrast, we could show for the first

time in the current literature in a series of 7 patients, that the use of the 6F Rotarex®S catheter system is safe and effective in big crural arteries. This is now highlighted in our revised Discussion section.

#5. Reviewer's code: 02446694

SPECIFIC COMMENTS TO AUTHORS

The authors reported the efficacy of 6F Rotarex®S catheter System in 7 patients with acute limb ischemia (ALI). The manuscript seemed to be interesting, however, there were several problems to be solved. #1 The authors should illustrate the system of 6F Rotarex®S catheter to understand it for the readers. In addition, the authors should clarify the strength of advantages of this system, comparing those with other systems of mechanical thrombectomy. #2 The number of patients was small, so the authors should not adopt the values shown as the mean \pm standard deviation because the numerous number was not normally distributed. #3 I think that this manuscript was categorized to the "Case report".

Response:

We thank the reviewer for carefully reading our manuscript and for the valuable comments and suggestions. In our revised manuscript we give a detailed description of the Rotarex®S catheter system in our Discussion section. In addition, as suggested by the reviewer we mention other systems for mechanical thrombectomy, comparing them to the Rotarex®S catheter system in our revised Discussion section.

Indeed, the number of patients reported in our manuscript is small. Therefore, we omitted statistical analysis by mean \pm standard deviation as suggested by the reviewer.

#6. Reviewer's code: 00227341

SPECIFIC COMMENTS TO AUTHORS

The Authors present 7 consecutive patients with acute limb ischemia, who were treated by an endovascular approach, using the 6F Rotarex®S catheter System for local mechanical thrombectomy. As emphasized in this paper, in literature has been reported a relatively small number of patients with ALI involving below the knee vessels . I suggest some comments: 1. Please specify abbreviations such as DCB(DEB), CFA, SFA, DSA in the text 2. please correct bibliographic reference of kronalge in the second page discussion line 9 ie 17 and not 18 3. please a comparison comment on thrombolysis alone. For example, Kronlage et al emphasizes how Rotarex® mechanical thrombectomy represents a safe and effective alternative to thrombolysis and is associated with a reduced rate of major bleedings, but also shorter hospitalization durations, and lower costs.

Response:

We thank also this reviewer for carefully reading our manuscript and for the valuable comments and suggestions.

1. We thank you for this comment. We now in our revised manuscript mention the full name of each term such as DCB, CFA, SFA and DSA the first time it appears in our manuscript.
2. Excuse us for this oversight on our side. Indeed, we now corrected the bibliographic reference of Kronlage et al in our revised manuscript.
3. We now commended on the study of Kronlage et al in our revised Discussion section. Thank you for the valuable suggestion.