

Response to the reviewers

Dear reviewers,

Thank you for your time invested in reviewing presented manuscript. We are pleased that you found our manuscript interesting and worthy for publication in your prestigious Journal. Please find our replies to new comments below.

Kind regards,

Ana Ostojic, MD, PhD

Corresponding author

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: I have read and reviewed the article titled: Safety and efficacy of dual antiplatelet therapy after percutaneous coronary interventions in patients with end-stage liver disease, with a great interest. The authors tried to summarize and reflect on recent published data regarding the subject above in a greatly written “opinion review” article. I find the subject is an interesting subject and it addresses a daily challenging question in medical practice. As a hepatologist, we always face such questions during the medical take or as a consultation from the cardiology department. The abstract is well written, and it gives good summary of the subject. All key words are appropriate, and they reflect the subject very well. Background and conclusion were adequately written and presented. All references are accurate.

Reply: Thank you for your comments and the approval of the manuscript.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

Reply: running title has been shorten to: DAPT in patients with cirrhosis

(1) Science editor:

1 Scientific quality: The manuscript describes an opinion review of the safety and efficacy of dual antiplatelet therapy after percutaneous coronary interventions in patients with end-stage liver disease. The topic is within the scope of the WJC. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: The subject is an interesting subject and it addresses a daily challenging question in medical practice. The questions raised by the reviewers should be answered; (3) Format: There are no tables

and no figures; (4) References: A total of 67 references are cited, including 18 references published in the last 3 years; (5) Self-cited references: There is no self-cited reference; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade A. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJC.

5 Issues raised: (1) Please add table/figure to this review.

6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.

Reply: A figure has been added. As most appropriate image we have decided to construct algorithm explaining how to approach PCI in patients with cirrhosis.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Cardiology, 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. Before final acceptance, the author(s) must add a table/figure (medical imaging) to the manuscript. There are no restrictions on the figures (color, B/W).

Reply: A figure has been added. As most appropriate image we have decided to construct algorithm explaining how to approach PCI in patients with cirrhosis.