

Review Form 1.6

Journal Name:	Cardiology and Angiology: An International Journal
Manuscript Number:	Ms_CA_84399
Title of the Manuscript:	Procedural and Clinical Outcomes in Management of Left Main Coronary Artery Bifurcational Lesions
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journalca.com/index.php/CA/editorial-policy>)

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>Major:</p> <p>1) The two groups had different lesion characteristics due to treatment strategy. Thus, the obtained results were natural. I think it is almost meaningless to compare them. (When there is high risk of SB compromization like long or ostial SB lesion especially with difficult access of the SB, so planned two-stent technique is preferred as first strategy. ^[9])</p> <p>2) Confirmation of optimal stent dilation and adhesion to the vessel by angiography alone is limited and even risky in LMT bifurcation lesions. Actually, stent thrombosis rate seems to be high in this study.</p> <p>3) The authors showed that 100 patients with LM bifurcated lesions eligible for PCI were include in their study. Please define the “eligible” clearly regarding lesion and clinical characteristics. Please show the strategy to select revascularization technique (PCI or CBBG) and the ration in the study period.</p> <p>4) Please clarify this study was a prospective or retrospective one.</p> <p>5) I recommend the add the sub title such as -Tanta university hospital's experience-</p> <p>6) According to the methods in this paper, post-dilation with a noncompliant balloon was not routine and the stents' outcomes were evaluated angiographically. I think this method should not be recommend because angiogram can not show the stent under expansion particularly in such lesions as calcified and hard lesions. I recommend the authors to shows lesion characteristic other than bifurcation.</p> <p>7) By the method of this study the conclusion might not be led.</p> <p>8) Rigorous English proofread is necessary. Fundamental grammatical errors are found: Followings are just examples.</p> <p>9) The discussion is redundant and descriptive. Please focus on the results of this study.</p>	
Minor REVISION comments	<p>Page 1</p> <p>Left Main→left main</p> <p>TAP→please show the full spelling</p> <p>6 and 12 Months→6 and 12 months</p> <p>Page 2</p> <p>coronary bifurcation syndromes.. ^[1]→Please explain this term</p> <p>and also define the significant SB→defines</p> <p>Technical success was defined as successfully bridging the occluded portion with a wire and a balloon and opening the artery with a residual stenosis of 40% in all views. →Please add the reference for this sentence.</p> <p>STEM1→Please show the full spelling</p> <p>true True→true</p> <p>MB→Please show the full spelling at the first presentation.</p> <p>Page 3</p> <p>Their distribution</p> <p>INR.→Please show the full spelling at the first presentation.</p> <p>transradially or transfemorally.</p> <p>All operations were carried out in accordance with the most recent PCI guidelines. Please add the reference for this sentence.</p> <p>individuals who do not meet any exclusion criteria are split into two groups: The first group (70 patients) received provisional stenting (one stent), whereas the second group (30 patients) did not get provisional stenting→Please explains the strategy of grouping here.</p> <p>All were between the ages of 6 and 12 and were eligible for the LM bifurcational intervention isional (two stents) group.→ I cannot understand this sentence.</p> <p>Page 4</p> <p>The intervention approach</p> <p>Our treatment strategy of LM bifurcational stenting is the approach suggested by Rab et al, which has been illustrated in the following diagram (figure 1). Please add the reference here</p> <p>doublekissing</p> <p>page 5</p> <p>Angiographic follow up was repeated for some cases with recurrence of symptoms. →Please show the results of angiographic follow-up. .</p> <p>Page 6</p> <p>PCI success: reduction <10% to 0% minimum diameter stenosis Please show the QCA method.</p> <p>MI, CABG →Please show the full spelling at the first presentation.</p> <p>Page 7</p> <p>Regarding Serum creatinine and E\VF >55%, There were no statistically significant differences in the groups.</p>	

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	<p>Table 2 12 months in the non-provisional group. Table 5→ as shown in Table 5 same in the other tables Page 8 The LM bifurcation is the biggest of the coronary tree's bifurcations,→is the biggest one in the entire coronary tree Page 10 the left main (LM)→LM side branches (SB)→SB Please show abbreviations in the tables</p>	
<u>Optional/General</u> comments	<p>This study evaluated the PCI for left main bifurcation lesion performed in a single center. This showed the superiority of provisional stent method to provisional stent one in procedural and clinical results at 6 and 12 months. This reviewer has several concerns about this study.</p>	

PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

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