Author's response to reviews

Title: Use of drug-eluting balloon coronary intervention prior to living donor kidney transplantation.

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Reviewer B. Scheller

Ad 1) Patients with diabetes mellitus have a high risk of silent ischemia. Pre-transplant protocols require invasive diagnostic for CAD in our institution (and in most transplantation centres throughout the world), especially in patients with a history of cardiovascular diseases. We have added this point in the section “case report”.

Ad 2) The RCx was not accessible to revascularization during bypass operation, according to the documents of the respective hospital. We have explained this in more detail at section “case report”.

Ad 3) According to the patients medical records there were placed two stents (one DES and one Genous stent) in the area of the in-stent thrombosis and a third stent (Genous) was placed distally to the previous stent area. The living donor was not able to wait longer for the explant due to COPD progression (with already 2 delays due to exacerbations), such that the transplant team did prefer to accept the risk of stent thrombosis rather than losing the donor. The alternative would have been to cancel the transplantation. The patients were repeatedly informed of the difficult situation and of the fact, that an optimal decision is not possible at this point of time. They unequivocally took the decision to accept this risk.

Ad 4) The decision for the implantation of another stent, was based on the fact, that after treatment with a Genous stent a stent thrombosis occurred and the area should be covered by another conventional DES. Though we fully agree, that this may increase the risk of a stent thrombosis, we found this was the best procedure after the failure of the previously implanted Genous stent.

Reviewer Y. Iwanaga

Ad 1) We have expanded the discussion on the points you mentioned. We think that our conclusions were sufficiently substantiated.

Ad 2) In our opinion, the risk of a stent thrombosis would have been significantly increased when administered POBA against a drug-eluted device.

Ad 3) Figure legends are added to the manuscript.

Ad 4) Abbreviations have now been announced.