Author’s response to reviews

Title: Long-term follow-up in adults after tetralogy of Fallot repair.

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Author’s response to reviews:

Dear reviewers,

Thank you for reviewing our manuscript entitled “Long-term follow-up in adults after tetralogy of Fallot repair.”

During revising the paper, we considered yours’ comments carefully.

We hope the presented paper would be approved for publication in Cardiovascular Ultrasound.

Specific response for comments from the editors and reviewers:

Reviewer #1:

The authors addressed most of the comments but the answer is not complete in some of them:

Echocardiography: Please review the references 13; is no guideline. The article is not correctly cited, t The authors report: Michael A, Gatzoulis U, Gohlke- C, Baerwolf, Germany H), Kilner
P, et al. ESC Guidelines for the management of grown-up congenital heart disease (new version 2010). whereas the correct citation is "Baumgartner, H., Bonhoeffer, P., De Groot, N. M., de Haan, F., ... & Kaemmerer, H. (2010). ESC Guidelines for the management of grown-up congenital heart disease (new version 2010) The Task Force on the Management of Grown-up Congenital Heart Disease of the European Society of Cardiology (ESC). European heart journal, 31(23), 2915-2957. Moreover as far as I can tell, this is a guideline for management and not for Echo, please check.

Answer: Thank you very much for the comment. We made a correction in reference list. We checked the guideline for echocardiography and correctly cited the article: Lang RM, Badano LP, Mor-Avi V, Afilalo J, Armstrong A, Ernande L, et al. Recommendations for Cardiac Chamber Quantification by Echocardiography in Adults: An Update from the American Society of Echocardiography and the European Association of Cardiovascular Imaging. EHJ - Cardiovascular Imaging. 2015 vol: 16(3) pp: 233-271.

In the reoperated patients population the data reported are referred to before rentervention or after. Answer: We only analysed the group who did not undergo pulmonary valve replacement and the patients of this population were included consecutively from the register. These patients were divided into the groups according to the time from operation (>25 or <25 years). We did not analyzed the reoperated patients population.

Ok but in the first paragraph of results section the authors report The total cohort of ToF patients was 109. Median age of all patients was 28 years (interquartile range 19-64) that is exactly the same age an age at repair of the "non reoperated patietns". Please check

Answer: In the reoperated patients population the data reported are referred to after rentervention and we highlight it in manuscript also “in patients population who did undergo PVR the data were obtained after PVR. We checked an age. As the age was not normal distribution in statistics, according to the Reviewer suggestions we put as median and interquartile range. The total cohort of ToF patients was 109. Median age of all patients was 28 years (interquartile range 19-64). Median age at PVR was 30.5 (interquartile range 19-53). To the further analysis 83 patients (76%) who did not undergo PVR were included. The median age of the patients was 26 years (interquartile range 19 - 64).

Table 3 TV gradient max is very small Is it the velocity? - Answer: We mean maximal TV gradient in mmHg. , how can be the maximal TV gradient of 2.7 and RVP of 38.8 Please check again if it is not a velocity.

Answer: Thank you very much for the suggestion.

As „TV gradient” we mean diastolic tricuspid inflow. This gradient is, as the Reviewer said, small. The gradient of tricuspid regurgitation jet was not given in the table, only RVSP values are given.