Author's response to reviews

Title: Radial Artery vs Saphenous Vein Graft Used as the Second Conduit for Surgical Myocardial Revascularization: Long-term Clinical Follow-up

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Reviewer 1

Again, we thank you for your in-depth analysis of our paper. We answered to your additional comments, as it is described below.

Comment 1. A description of the intraoperative antispasm regimen used for the radial arteries – topical papaverine or other agent? Intraluminal papaverine or other vasodilatory agent? Intraoperative or perioperative general intravenous infusion such as GTN, or other, etc – if indeed the authors used such regimens.
Answer: To clarify this important issue we added the following in the Methods: "...During or after the procedure no intravenous drugs were given to prevent RA spasm. However, we used topically verapamil and nitroglycerin solution (balanced to pH 7.4). All radial arteries were rinsed after harvesting and kept in this solution before implantation. ..."

Comment 2. Despite this nice study, I remain unconvinced that 100 patients in each group, with a mean age of 56-57 years, followed for just 8 years is sufficiently powered to show a difference. A more appropriate conclusion would be, "In this small randomised study our data indicate that there is no difference in the 8 year clinical outcomes in patients of 56-57 years of age between those having a radial artery or a saphenous vein graft used as a second conduit, beside LITA, for surgical myocardial revascularisation."
Answer: We have changed our conclusion according to your suggestions.