Author’s response to reviews

Title: Supraclavicular Subclavian Access for Sapien Transcatheter Aortic Valve Replacement - a Novel Approach

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Reviewer reports:

Reviewer #1: Comments to the Authors

The authors reported a case series of Trans-subclavian TAVI through a supraclavicular approach.

Their text is well written and the topic is well discussed.

Their surgical technique is well described and detailed. The patients' outcomes are clear and the "discussion" is enough.

I congratulate them for their good job to deliver SAPIEN 3 valves through a new approach (supraclavicular "true" subclavian artery).
However, a real limitation of this paper is the small number of patients (5) and probably because of that there is no statistical comparison with any other TAVI approach. In my opinion, if authors' aim is to emphasize a new approach for delivery a TAVI valve then they should amend their title (e.g. Suprclavicular Subclavian Access for Sapien Transcatheter Aortic Valve Replacement - a Novel Approach).

*** Agreed title changed as suggested

Reviewer #2: Any new alternative access is a welcome development and the details of the room set up beyond the IC/CS technique is welcome.

However with the proliferation of axillary access ,both surgical and more importantly percutaneous when would this technique be used?

*** Added additional comments in discussion/conclusion to comment on this.

The axillary is quite superficial and compressible making both surgical (with much less dissection) and percutaneous techniques quite simple.

*** Added a sentence describing when we would prefer subclavian over percutaneous axillary

In addition with the next gen predocked S3 the maneuvers are minimized and less exposed sheath is on the table.

*** this is advantageous to both subclavian and axillary regardless of approach

Should anastomoses LIMA be an indication for a right sided approach?

*** Yes added a sentence describing our experience

In the intro Trancaval should be mentioned as a less used technique with the advent of Subclavian/axillary /carotid approaches

*** transcaval added to intro

Reviewer #3: Dear author,

Thank you very much for that very interesting manuscript. It is very important to consider new access-points to the field of TAVI. I have only few remarks:

1. The sentence: "The use of this approach resulted in successful implantation in 100% of patients in a safe manner with 0% mortality, 0% stroke, and 0% vascular injury during hospitalization and at 30 day follow-up." sound awkward due to those many "0%"s. Consider a revision.
2. Figure 3 and 4 offer nothing new. Consider to include a figure of a trans-axillary approach to demonstrate the differences. Or use a video.

*** Agreed deleted existing figure 3 and 4

*** Added new figure 3 demonstrating the difference between Subclavian and Axillary Approach)