

Peer Review File

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The manuscript describes an impressive program making cardiac surgery available for socially disadvantaged children, which has been running for many years. This topic is important, and such a project deserves scientific description and evaluation. However, in my view the present manuscript provides too little real data and contains too many claims which are not supported by their data. Revision is required.

One example from the Abstract is that the program is said to be “permanent, ... self-sustainable supported totally by donors”. A program supported totally donors, most of whom seem to be residing in other countries, cannot be said to be “self-sustainable”, and can hardly be said to be “permanent”, even if 25 years is a long time.

- 1- Thanks for the qualification of our program as impressive in helping patients with economic problems. In the revision we have included the real data of the program regarding patients evaluated in the brigades, number of procedures, echos etc. We have catalogued the program as self-sustainable because the program itself find all the resources and permanent because it works 24/7/365. We cannot be sure about what the future holds for the program but working uninterruptedly for the last 25 years we believe can be said to be permanent

The manuscript does not follow the common disposition for scientific papers with the four main chapters containing: 1) Introduction, 2) Methods, 3) Results and 4) Discussion. In my opinion that is a major weakness, a consequence of which is that the paper presents only a very limited amount of real, original data, but much reflections and opinions on Colombia and pediatric cardiac surgery. This is interesting and well written, but in a scientific paper should be limited to what is relevant as an Introduction to the topic and setting and description of Methods used to collect the data.

- 2- We think the reviewer is completely right, so we decided to rearrange our manuscript to fit the usual disposition for scientific paper. We included the 4 chapters needed.

The FCI is nicely and very positively described, also its relationship to donors and partners in the field (during the “brigades”). But not a word is said about FCI and the brigades’ relationship to any kind of public, governmental health system. There must be some kind of permanent, general primary health care in Columbia, however rudimentary. From the description it seems that FCI does not recognize or relate to that at all. If so, that is a major weakness with the project, and should be discussed.

- 3- Thanks to the reviewer. We tried to describe FCI nicely but very accurately to what it has been in the history of our country. The reviewer is right, we didn’t describe any relationship of the brigades to the governmental health system and that is because the brigades are 100% organized by the FCI with no help from the national government. We also describe how the Colombian Health system works (It actually works very good, but of course far from perfect) and how program brigades tries to help specifically that group of people not covered by the health system.

Then to the “Results” – section:

Here we are informed that “More than 3000 patients are evaluated every year in the brigades...”. This is almost the only real result-conveying sentence here. So the reader will ask for much more information here, such as: How many of these have actually been treated. How many surgically, and maybe of what categories? Treatment results? Maybe age-distribution of surgeries, or how many refused treatment?

- 4- We agree 100% with the reviewer so we changed the information in the article to include the epidemiological data needed to support the first sentence, including number of surgical procedures, complexity of the procedures according to RACHS-1 classification and age-distribution of the patients.

Then there is a reference (No 20) in the Results section. This kind of comparison with others' results does not belong under Results, but is a Discussion, so should be moved to that section (which does not exist in the present manuscript but has to be written).

Also the sentence ““Non-permanent NGO brigades” abroad....” Must be moved from the Results-section to the Discussion. Also here the concept “self-sustainable” is used about this project, which is 100 % dependent on (foreign?) donors. This doubtful use of terminology at least has to be carefully justified.

- 5- We completely agree with the reviewer so we included a Results section, and we explained more in depth the idea of self-sustainability, explaining the source of the resources.

Under the “SOCIAL PROGRAM DURING COVID-19” – heading, probably part of Results(?), it is said that “During 2020 ... 40 patients could be taken to FCI for surgery”. But it does not say whether they were really operated, or how this compares to previous years. Without such information the sentence is not useful.

- 6- Again, we agree completely with the reviewer so we expanded the information about the program during Covid-19, including the number of patients evaluated, operated on etc.

“Discussion” – section is missing.

And that is a crucial weakness, because as it is now there is nowhere to put discussion of the program's strengths and weaknesses (not a single weakness is mentioned, but of course they do exist). Nor is there a place to put considerations regarding the present paper's own strengths and weaknesses, e.g. inaccuracies and possible biases in the findings, etc.

But even more important: The paper repeatedly claims that the FCI-model is “reproducible” in other countries. This may be true but cannot be evaluated unless a data-based discussion of its strengths and weaknesses is made possible. Without this any attempt at “reproduction” is meaningless.

- 7- The reviewer is again right that we didn't include a Discussion section in our first manuscript, but we corrected this including a discussion section, including weaknesses of the program

The Conclusion:

This ends with the sentence ““Regale una vida” is a successful example of a safe, highly effective and reproducible social program, showing a permanent solution, benefiting a big number of CHD patients, especially those with low resources, located in rural areas far from big hospitals”.

Only this sentence alone contains at least seven distinct claims, out of which probably none or a maximum of one or two (“big number”? “low resources”?) are supported by the data presented in the manuscript.

- 8- We accept that in the first draft of our manuscript we didn't include enough data to support our conclusion but in the new draft we included the information needed.

We hope that the reviewer received this new edition of the article and finds it adequate to be published in this very important journal.

Thank you very much.