Peer Review File

Article information: https://dx.doi.org/10.21037/jtd-2025-1697

Reviewer A

The authors are to be commended for their comprehensive review of 15 studies including 1,462 patients, which is an important contribution to the field. They concluded that the >30-day aorta-related mortality (ARM) rate (RR, 0.58; 95% CI, 0.34–0.98; P=0.04), the overall ARM rate (RR, 0.58; 95% CI, 0.38–0.88; P=0.01), conversion to open repair (RR, 0.28; 95% CI, 0.08–0.99; P=0.05), reintervention (RR, 0.40; 95% CI, 0.26–0.61; P<0.001), and stent-induced new entry (SINE) (RR, 0.14; 95% CI, 0.06–0.32; P<0.001) were significantly lower in the bare-stent (BS) group than in the non-BS group.
In the Discussion, the authors further hypothesize that a bare stent may prolong survival in TBAD. While this is an interesting and clinically relevant perspective, I believe that this interpretation should be approached with some caution for the following reasons:

1. Among the evaluated outcomes, only SINE demonstrated a significant difference between the two groups, yet no follow-up analysis was performed to establish whether SINE occurrence is directly associated with long-term survival.
Reply 1: Thank you for your comments. The current evidence of the relationship between the occurrence of SINE and long-term survival is mainly from retrospective cohort studies and registration studies, but there is a lack of high-quality randomized controlled trial evidence. The 15 studies included in this paper did not conduct long-term follow-up to determine the relationship between the two. The main reason is the lack of relevant evidence. Further studies are needed to clarify the relevant results.
Changes in the text: None

2. Other adverse events more directly linked to survival—such as endoleak, aortic rupture, stroke, paraplegia, or retrograde dissection—did not differ significantly between the groups, which makes the survival benefit mechanism unclear.
Reply 2: The lack of a statistically significant between-group difference in survivals may be due to an insufficient number of included studies or a combination of adverse events, as discussed in the discussion section. More high-quality articles need to be included for meta-analysis in the future.
Changes in the text: None

3. The causes of late mortality were not analyzed, limiting the ability to draw meaningful conclusions about the association between bare stent use and long-term prognosis.
Reply 3: This study did not analyze the causes of late death mainly because the included studies lacked long-term follow-up, and the main data and conclusions focused on postoperative complications. It is of great significance to analyze the causes of late death for the comparison

of the differences between the two groups, and we will pay attention to new high-quality studies for further comparison.
Changes in the text: None

For these reasons, the evidence presented in this review may not be sufficient to infer a causal link between bare stent use and improved survival. I would be very interested to hear the authors' views on these points. Based on the present findings, it seems most accurate to state that bare stent use may be associated with reduced ARM. Therefore, the conclusion that "combining a PSG significantly reduces postoperative complications" may overstate the available evidence. Nevertheless, I appreciate the authors' efforts in conducting this thorough and timely review, which provides a valuable basis for further discussion and future research on this important topic.
Reply 4: Although we did not observe the long-term survival follow-up results, yet according to our research, there are significant differences between 30-day ARM and >30-day ARM rates. Therefore, we believe that it is appropriate to draw the conclusion that there is improved survival in the BS group. Due to the limitation that there are currently no high-quality articles on the use and long-term follow-up of bare stents, our research can only be summarized based on the existing evidence. We will change our wording to more appropriately reflect our conclusion. We have modified our text as advised (see Page 3, line 87-89).
Changes in the text: Compared with standard TEVAR, combining a PSG with a DBS moderately reduces postoperative complications, and enhances remodeling of the aorta, and thus has advantages in the treatment of complicated Stanford TBAD.

Reviewer B

Overall, this manuscript does not present entirely novel findings; however, it provides an appropriate and well-conducted meta-analysis regarding the use of distal bare stents (DBS). The Discussion section is somewhat lengthy with repeated content. It would benefit from more concise wording, focusing on the key findings and clinical implications.

P3. Line80-81
It is unclear whether "therapeutic outcome" refers to early or long-term outcomes. Please clarify this point. Since the study only reports outcomes up to 1-year mortality, it would be more appropriate not to describe this as "long-term outcome." We recommend revising the wording accordingly.
Reply 1: Thank you for your comments. The early therapeutic outcome refers to the success of surgery, and the late therapeutic outcome refers to the long-term recovery of patients after surgery. The therapeutic outcome in this paper refers to the long-term recovery of patients after surgery. The included studies had a follow-up time of 1 year for statistical significance, which we have revised to medium - and long-term outcomes.

Changes in the text: We have modified our text as advised (Page 8, line 241), (Page 8, line 265), (Page 9, line 301) and (Page 9, line 303).

P7 L222–226:

The early therapeutic goal of TEVAR in complicated TBAD is to relieve the acute complication itself. This should be regarded separately from later adverse events related to progressive aortic dilatation. Therefore, describing these cases as "TEVAR failure" is inappropriate. (Of course, this is different from cases where TL expansion cannot be achieved with TEVAR alone and a bare stent is required to resolve malperfusion.) This point is not unique to complicated TBAD, but also applies to non-complicated cases.

Reply 2: The early treatment goal of TEVAR is to focus on acute complications, such as aortic rupture and cardiac tamponade. Early care is centred around rapid relief of such emergencies. In this article, "acute complications" are separated from "progressive aortic dilatation-related adverse events," which are fatal risks that require urgent management in the acute phase and chronic risks that may occur in the long term after surgery. TEVAR gives priority to controlling the acute crisis, followed by long-term monitoring and intervention to deal with the risk related to aortic dilatation.

In addition, the Discussion section contains a considerable amount of repetition. It may be more effective to simplify the text by focusing on the key findings and implications.

Reply 3: We have revised some of the expressions to make the discussion section more concise and avoid repetition.

Changes in the text: We have deleted the following content and made modifications: 'Standard TEVAR frequently fails to achieve satisfactory therapeutic outcomes in such complicated cases, which can lead to late complications.', 'which involves the placement of a long segment of an uncovered metal stent extending from the PSG to facilitate distal FL thrombosis in the thoracoabdominal aorta and achieve favorable TL remodeling' and so on…