Peer Review File

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Reviewer A

General remarks.

Comment 1: This MS is a narrative review. Hopefully, systematic review might be better to emphasize the superiority or equality of each maneuver.

Define the inclusion and exclusion criteria of the article selection.

Reply 1: We were asked to undertake an invited review article, the brief of which indicated a narrative review. Recent systematic reviews are up to date, but do not provide a technical overview as our paper does. There are therefore no inclusion or exclusion criteria.

Itemized remarks.

Comment 2: page 2. Background: many sentences e.g., ~line 5, ~line 63, ~line 66, ~line 68, and ~line 73. need to add each reference.

Reply 2: The line numbers cited do not match with the line numbers provided, but we have done our best to determine which sentences required references.

Comment 3: Radial artery is used not only CAG but PCI and A-V shunt for hemodialysis.

Reply 3: We concur and have added this.

Comment 4: The inferiority of the GEA compared with other arterial conduit have ever been published. Refer it.

Reply 4: We weren't suggesting that it is inferior, but that it is not commonly used. We have reworded this to clarify.

Reviewer B

Comment 1: The authors have summarized results of previously published manuscripts concerning the benefit or caveats of endoscopic vein harvesting in the setting of coronary bypass surgery. As it is part of the nature of this topic, the particular messages are contradictory. Several previously published meta

analyses and reviews failed to prove the concept.

Reply 1: We agree that the evidence is incomplete and contradictory. Our intention in responding to the invited review was to demonstrate this with a paper that could articulate the uncertainty but also demonstrate where scientific progress has been made. Systematic reviews have already been published, but have tended to focus on the outcome measures of prospective and retrospective studies, rather than the strengths and pitfalls of the technique itself.

Comment 2: Unfortunately also the submitted manuscript does not add any further value for decision making and the scientific community still remains in limbo.

Graft patency, training prerequisites, cost issues and tissue damage are addressed but not summarized in a definite advice. Bleeding complications, technical aspects of harvesting the vein from the upper thigh or lower leg aren't even mentioned.

Since there is an already published, better documented and statistically more elaborated amount and variety of hereof literature, I would not recommend this manuscript for publishing in the JTD.

Reply 2: As the reviewer has already mentioned, the existing literature is contradictory. We felt that to use that information to provide definitive advice on Endoscopic Vein Harvest would be imprudent. Instead, we chose to provide a balanced and comprehensive review of the existing literature in a format that would highlight the waxing and waning popularity of EVH and the pitfalls and advantages associated with its use. In doing so, we have critically appraised the literature including the systematic reviews which might be considered better documented and statistically more elaborated. This, hopefully, has identified that they are not the panacea of medical science.

Reviewer C

Comment 1: very well written review. well focused on a subject important enough in days were we as surgeons need to demonstrate excellent results.

Reply 1: Thank you

Guest Editors

Comment 1: Thank you for your submission on endoscopic vein harvesting. It is a very comprehensive, well written and balanced review of the topic which we are happy to include in our special issue. Please consider the reviewers comments and we look forward to receiving your revision. We are happy with the format of this as a narrative review.

Reply 1: Thank you. Reviewer comments considered and responded to, with acknowledgement of the narrative review format preference.