

## Peer Review File

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### Reviewer A

This study compares preprocedural characteristics and survival rate (up to 1-year) after TAVI between Arabs and Jews. Although interesting for potential reader or for statisticians responsible for equal access to cardiovascular interventions in Israel it is difficult to find any take home scientific message.

Major concern:

Comment 1: Please try to find a bit more scientific purpose of your study. Just demographic presentation is not enough to publish in the journal of good reputation like JTD.

Reply 1: Thank you. Our work is based on highlighting the demographic differences and their clinical impact. Therefore, we have chosen two similar populations, the Arab and Jewish populations, both of which have similar access to hospitals and healthcare. However, clinically, in the context of TAVI, we wanted to see if there is a clinical difference and treatment from each population.

Changes in the text: NA

Minor concerns:

Comment 2: Please specify how you check a normal distribution of the continuous data.

Reply 2: Thank you, Normal distribution was assessed using Shapiro–Wilk test, as well as by using the Q-Q plot.

Changes in the text: NA

Comment 3: You are not consequent with presentation of P value. You use different number of the decimal places within a manuscript. The same a lack of consequence can be noted when presenting continuous data in the Tables.

Reply 3: Thank you. Changes have been made in the manuscript and tables.

Changes in text: In the manuscript and tables.

Comment 4: If p value does not meet criteria of significance, you should consider data as similar or comparable. I would not use „a numeric trend” expression in the results (line 72). A few sentences later one could see „a numeric trend” in post-procedural mortality 1.3% vs 1.7% but your interpretation was correct („similar”) (lines 81-82).

Reply 4: Thank you. We have corrected it in the manuscript.

Changes in text: line 72 and line 84.

Comment 5: Abbreviation of ‚Liter’ in English is ‚L’ but not ‚l’.

Reply 5: Thank you. We have corrected it in the manuscript.

Changes in text: Table 1 and Table 2.

Comment 6: In discussion you did mention about PPM as possible reason of worse clinical outcome. Can you check it out?

Reply 6: Thank you. There was no significant difference between the two groups in the need for PPM, and accordingly, this could not explain the differences in the results Arabs (13.4%), Jews (11.6%), and P-Value (0.78).

Changes in the text: Table 2

## **Reviewer B**

This paper presents an important exploration into the disparities in TAVR outcomes between Jewish and Arab patients in Israel. The choice of topic is timely and highly relevant, especially considering the global concerns around healthcare disparities based on ethnicity.

For the manuscript, please address the following:

Comment 1: 1. Line 44: It would be ideal to specify the source 'year' in the manuscript text when mentioning the percentage of Arab ethnicity in the Israeli population for accuracy.

Reply 1: Thank you. We have added it in the manuscript "As of 2021, persons of Arab ethnicity constitute 21% of the population of the state of Israel"

Changes in the text: Line 53

Comment 2: Line 54: Specify what kind of data the "computerized national database" holds. It would be helpful to clarify if it's patient medical records, death records, or something else.

Reply 2: Thank you, the data collected from the patient files including patient medical records, death records

Changes in the text: NA

Comment 3: Line 64: Make sure there's consistency in formatting p-values. Here, it's "P-value," but elsewhere in the manuscript it's "p." There is a difference with some sentences listing P-value in the upper-case format, while others list it in lower case format.

Reply 3: Changes have been made in the manuscript and tables.

Changes in text: all manuscript and tables.

Comment 4: Line 74: The difference in the percentage of atrial fibrillation between Jewish and Arab patients (24% vs. 23%) seems very minimal. The term "numeric trend" might be an overstatement for such a small difference.

Reply 4: Thank you. We have corrected it in the manuscript.

Changes in the text: line 72 and line 84

Comment 5: Line 100: When discussing the prevalence of TAVR procedures in Black

individuals, it might be helpful to offer a comparison percentage / numerical value to Whites for context.

Reply 5: Thank you. We have corrected it in the manuscript “ Black individuals in the United States were significantly less likely to receive aortic valve replacement compared to Whites (39% vs 53%,  $p=0.04$ )”

Changes in the text: Line 115

### **Reviewer C**

Comment 1: Too many decimal places for p-value, keep 2 or 3 decimal places

Reply 1: Changes have been made in the manuscript and tables.

Changes in text: all manuscript and tables.

Comment 2: Please include statement of IRB

Reply: IRB number 0029-14

Changes in the text: NA

Comment 3: What about the incidence of aortic stenosis in arabs and jew? Are they different or not?

Reply 3: Thank you. A very important point, but I don't have the data right now, and it hasn't been tested. It may be a good idea for the next research

Changes in the text: NA

Comment 4: Do arabs and jew have the same access to SAVR? Are arabs being directed more to SAVR, which has more complication?

Reply 4: Thank you. A very important point, but I don't have the data right now, and it hasn't been tested. It may be a good idea for the next research

Changed in the text: NA

Comment 5: It will be helpful to look at complications too, such as MACE, MI, stroke, pericardial complications, pacemaker implantation, infection, pulmonary and renal complications.

Reply 5: Thank you. To be honest, the points you're raising are very important. Initially, we wanted to examine hard end point such as mortality and also, we assessed the PPM data. The other points you mentioned haven't been investigated, and that will be the next phase of the upcoming research - to enter and verify the finer clinical outcomes.

Changes in the text: Table 2

Comment 6: For mortality, it will be helpful to plot a KM curve for better visualization

Reply 6: Thank you, Kaplan-Meier is a univariate analysis and as was demonstrated in the article, there are several differences between Jews and Arabs, therefore, it was chosen to demonstrate the univariate and multiple Cox regression. The Kaplan-Meier curves showed no difference as well, so it seems redundant to add the figure as well.

Changes in the text: NA

Comment 7: The pro-op differences have been corrected by Cox regression so those should not be used to explain the results.

Reply 7: Thank you, in the statistical model, regulations were made for all kinds of variables, so the estimates and the result obtained regarding the difference between Jews and Arabs already took into account the effect of these factors.

Changes in the text: NA