

## Peer Review File

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### Reviewer A

**Comment 1:** I would be interesting to implement a figure on the major outcomes (mortality, stroke etc.) of the various major trials in TAVR (e.g. PARTNER etc.).

**Reply 1:** We added a figure including major outcomes in the PARTNER and CoreValve trials involving high- and intermediate-risk patients. We did not deem the trials involving low-risk patients as relevant in the context of this manuscript, as this does not represent the patient population considered for Valve-in-Valve procedures.

**Changes in the text:** Figure 4, Lines 453-455 (figure legend) and 121-122/130-132 (referenced in text)

**Comment 2:** A specific section on bleeding complications should be implemented since all antithrombotic drugs (antiplatelets and blood thinners) will definitively increase the risk of postprocedural bleeding events (BARC and/or UDPB definition).

**Reply 2:** We want to thank the reviewer for this important comment. Antithrombotic therapy always warrants to balance the prevention of thromboembolic events and bleeding. We added a new section addressing the risk of postprocedural bleeding.

**Changes in the text:** Lines 231-257

**Comment 3:** It should be also acknowledged that even if a certain drug/medication or combination might be recommended, usually no therapeutic drug monitoring is performed or necessary (e.g. specific DOAC level measurement or P2Y12 inhibitor plasma concentrations). Having said that, in non-responders of such therapies, still under-dosing or even non-responding effects might occur.

**Reply 3:** We acknowledged this important issue in the new section regarding anticoagulation and bleeding complication.

**Changes in text:** Lines 253-255

**Comment 4:** Moreover, personally I would like to have a specific comment on small bioprostheses. Such small valves should usually not have been implanted during index surgery and usually, such valves exhibit high gradients due to prosthesis-patient-mismatch (EOA  $<0.65\text{cm}^2/\text{m}^2$ ) from the beginning. Therefore, in such cases the better option would be conventional redo surgery or during index surgery combined aortic root enlargement.

**Reply 4:** We completely agree that patients with small annuli warrant careful consideration and addressed this topic accordingly.

**Changes in the text:** Lines 69-73

## **Reviewer B**

**Comment 1:** *Ref 10* and *Ref 22* are repeated. *Ref 3* and *Ref 56* are repeated. Please remove duplicated references.

**Reply 1:** Duplicated references have been removed.

**Comment 2:** The reference number cited in Figure 5 is inconsistent with the corresponding reference.

**Reply 2:** We updated the reference number cited in Figure 5

**Comment 3:** Table 1: Please add a header for the first column.

**Reply 3:** A table header was added.