

Peer Review File

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Reviewer A

The authors must be congratulated for their great work. I have some discrete suggestions: please check them at the attached PDF version.

Reply: We thank Reviewer A for the kind comment. We carefully checked the discrete suggestions in the manuscript and edited it accordingly and we shortened the redundant conclusion as suggested. We thank the reviewer for these suggestions that helped improve the overall quality of our work.

Changes in the text:

- minor punctuation changes as suggested, In the Introduction section
- Shortened Conclusion section (see “**in response to Reviewer A**” comment in the word file)

Reviewer B

Well written, no major criticisms.

Reply: We appreciate Reviewer B for their positive feedback on our work. If you have any further comments or questions, please feel free to let us know.

Reviewer C

MAJOR REVISION

In the work of Lecomte et al., do the authors say if there is a percentage cut-off to determine if a stenosis is worthy of an invasive coronary angiography?

In your conclusion, you say that TAVI-CT protocol is useful to avoid unnecessary ICAs. Nonetheless, recommending ICA at the “slightest suspicion of CAD” would raise the number of procedures in a population, as pre-TAVI patients, who has a high pre-test probability of CAD. I suggest you to clarify this aspect of the work, which is overall well-structured.

Reply: We thank Reviewer C for this important remark. In their work, Lecomte and al. defined significant coronary artery stenosis as $\geq 50\%$ for the left main artery, and $\geq 70\%$ for other coronary segments with a diameter larger than 2.5 mm. We have added this critical information.

MINOR REVISIONS

1) When you enumerate the vascular segments included in a CT angiography, may I suggest to add also carotid vessels?

In fact, trans-carotid access is gaining confidence in the context of some referring centers as an alternative to trans-femoral access.

Folliguet TA, Teiger E, Beurtheret S, et al.

Carotid versus femoral access for transcatheter aortic valve implantation: a propensity score

inverse probability weighting study.

Eur J Cardiothorac Surg. 2019 Dec 1;56(6):1140-1146. doi: 10.1093/ejcts/ezz216. PMID: 31365061.

Reply 1: We thank Reviewer C for this suggestion, we agree that carotid access is indeed gaining in popularity. Thus, we included it in our manuscript, along with the suggested reference.

Changes in the text:

- See “*in response to Reviewer C minor revision 1*” comment in the word file

2) Given the fact that you are citing future perspective of TAVI-CT studies, may I suggest to add a section about the measure of Extracellular Volume Fraction (ECV)?

In recent works, ECV measure was invested with gaining weight in the prediction of the prognosis of patients undergoing TAVI.

Reply 2: We thank Reviewer C for their comment. We added this suggestion in the manuscript, along with recent references outlining this field of research.

Changes in the text:

See “*in response to Reviewer C minor revision 2*” comment in the word file