



SDI Review Form 1.6

Journal Name:	<u>Cardiology and Angiology: An International Journal</u>
Manuscript Number:	2014_CA_9138
Title of the Manuscript:	Are Biodegradable Third Generation Drug Eluting Stents the Answer to Instant Restenosis
Type of the Article	Review Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<u>Compulsory</u> REVISION comments	<p>This is a well written review of an important, rapidly evolving technology that has revolutionized the care of patients with CAD. The paper is a little bit behind current development. But that is easily fixed and, assuming it is, the paper should be published.</p> <p>At least mention explicitly and comment on 4th generation DES, e.g., from Boston Scientific, and associated Platinum study.</p>	<p>The Authors' agree with the Reviewer and thank him for his comments.</p> <ol style="list-style-type: none"> 1. The content of the manuscript has been updated to match the current development. 2. A seperate section has been added on 4th generation DES. 3. Platinum Study has been reviewed as well in detail. 4. The ongoing clinical trials have been updated and 3 more ongoing clinical trials have been added to table 3. 5. All the new references have been added as per the order in text. 6. All changes in the manuscript has been highlighted in yellow.
<u>Minor</u> REVISION comments	<p>Many major centers in the USA recommend DAPT for at least a year, and sometimes indefinitely, following 3rd generation DES implantation. This is true even in the case of elderly patients (with an increased risk for CAD) who are known to also be at risk for iatrogenic GI bleeds in reaction to daily aspirin therapy. It would make the paper more useful to clinicians if the author(s) commented on this standard as compared to clinical trials that evaluate 6 months of DAPT. Just a suggestion.</p>	<p>The Authors' agree with the Reviewer and thank him for his comments.</p> <ol style="list-style-type: none"> 1. A new section on the current recommendations and future directions of DAPT has been added to the manuscript.
<u>Optional/General</u> comments		-