Reviewer 2 v.1

Comments to the Author

The reviewer thanks the authors for presenting their real life data with regard to treating CTEPH. Since your title and aim of the study was the impact of a multidisciplinary CTEPH team, the reviewer is wondering, why you did not use a control group (before CTEPH team) to compare the outcomes.

On the other hand, it is an obvious problem, to change the treatment concept to a concept with a very interventional focus. As reported in the international CTEPH registry and still being seen in all high volume CTEPH centers, around 2/3 of all patients are operable. Since PEA is the only potentially curative treatment modality, it is clearly recommended and the goldstandard therapy. In contrast, you describe a siginificant change - with BPA being performed in most patients. With that, one could interpret your study result as the implementation of a CTEPH team leads to less PEA and more BPA (, which may be discussed quite critically).

Minor comments:

Title:

The title is misleading - you may change to "Treatment of chronic thromboembolic pulmonary hypertension in a multidisciplinary team - experiences from Poland".

Abstract, lines 11 to 17:

Please reconsider wording:

Assessment in a multidisciplinary team of experts (CTEPH team) is mandatory for treatment decision making. The aim of the present study was to report the effects of such an interdisciplinary concept.

Introduction, page 6, line 9:

thrombus resolution

Introduction, page 6, line 11:

pulmonary vascular resistance

Introduction, page 6, line 23:

deep hypothermic

Introduction, page 6, lines 26 to 30:

Currently, riociguat is recommended for inoperable, persistent or recurrent CTEPH, being the only approved drug therapy. However, other PH specific drugs such as … are also used.

Introduction, page 6, line 32:

unfavourable risk-benefit ratio for surgery

Introduction, page 6, line 35:

guidelines, a multidisciplinary

Introduction, page 6, lines 37 to 44:

A CTEPH team consists of a surgeon experienced in PEA, an interventionalist experienced in BPA, a physician experienced in PH drug therapy and a radiologist.

Please give some reference for this.

Introduction, page 6, lines 49 to 52:

This is not correct. All expert CTEPH centers treat their patients in a multidisciplinary team. Most published studies from these centers give (much more detailled) follow up data.

Patients and methods

Please describe your concept of standardized follow up.

Results, page 10, line 47:

…160 patients.

This is already described in the methods.

Results, page 10, line 59:

29 % with presence of high risk comorbidities. That is a lot. Please specify.

Results, page 11, lines 19 to 21:

than those not amenable to surgery.

Results, page 11:

The rate of PEA is too small im comparison to high volume CTEPH centers.

Is there a standardized concept of combining medication and BPA. What is the long term concept?

Discussion, page 11:

Full diagnostic work up is mandatory – agree. It would be more than appropriate to demonstrate your own data to underline, that there is a positive effect of implementing a CTEPH team.

Discussion, page 12, line 18:

inaccessible localization of

Discussion, page 12, lines 22 to 30:

If you explain your results with a high rate of prevalent cases, its (another) important limitation.

Discussion, page 12, line 39:

There is no alternative!

Discussion, page 12, lines 53 to 57:

Here, own data would be appropriate.

Discussion, page 13, lines 11 to 16:

Much more interesting would be your outcome with regard to pulmonary hemodynamics.

Discussion, page 13, line 44:

Combination of treatment modalities

Discussion, page 14, line 19:

In-house mortality of 13 % after PEA is quite high.

Discussion, pafge 14, lines 26 to 28:

There are some more centers with similar mortality rates after PEA.

Discussion, page 14, line 43:

is pre-operative PVR

Discussion, page 15, lines 35 to 40:

Is 2 and 3 years really long term – we do have 10 year data after PEA surgery.

Discussion, page 15, line 42:

treatment option for carefully selected patients.

Discussion, page 15, line 45:

which compares

Discussion, page 15, lines 47 to 49:

Please specify and do not mix up: the RACE trial will compare medication and BPA, not PEA.

Discussion, page 16, line 24:

qualification for surgery

Discussion, page 16, line 35:

it's not really „new"

Discussion, page 16, lines 40 to 43:

But exactly this would be the scientific merit!