

Reviewer 3 v.1

Comments to the Author

This study investigated the treatment decisions made by CTEPH team and executing rate of these decisions, and also examined survival rates of patients classified by treatment strategy (PEA, BPA, and medical therapy).

Although the manuscript is appealing in terms of the fact that the authors showed the real world outcome of patients with CTEPH in Polish PH center, I cannot recommend publication of the manuscript in it's current version mainly because the role of a multidisciplinary team and the change after introduction of CTEPH team were not addressed enough.

Major comment

It is unclear how the authors think the role of CTEPH team, what is the positive effect of CTEPH team and how CTEPH team change the clinical situation.

The outcome of the treatment was evaluated only by WHO-FC and survival. I would like to know the other follow up data such as RHC data, 6MWD, BNP level and so on. Additionally, I would like to know the causes of death.

Page9 Line 39-

Page 12 Line 32-

Among patients who were assessed as operable by CTEPH team, two patients died and several patients (I cannot find the number of the patients who exacerbated) showed clinical worsening before PEA. I think it is better to mention about these patients. I assume that the outcome of these patients had influence on the outcome of patients in MT group (Figure 2).

Page9 Line 44-

The definition of persistent pulmonary hypertension after PEA differs according to the study. What definition did the authors use in this study? The authors also addressed that the 6 patients with persistent CTEPH required further treatment. What treatments were chosen for these patients?

Page10 Line1-

Were there any differences in pulmonary angiography, CT angiography, VQ-scan, or MRI between PEA, BPA and MT group?

Page10 Line 43-

The authors showed change in WHO-FC after treatment. Was there any difference in RHC data after treatment?

Page11 Line15-

Two-year survivals were different between the groups. Did these differences depend on the RHC data (such as PVR) or risk classifications of pulmonary hypertension after treatment?

Page11 Line22-

The authors mentioned about the diagnostic procedures required by CTEPH team. I cannot find the change of implementation rate of diagnostic procedures after introduction of CTEPH team.