Reviewer 2 v.1

Comments to the Author

Interesting report, topic is important and very actual.

I have a few observations and suggestions for change.

1. explanation of the choice of risk assessment as "hemodynamic risk assessment"; while I personally have no objection to this, I would have used the more standard European risk assessment (on which guidelines are created) or just only mention and report REVEAL risk score if this is the program's usual practice. For the sake of consistency with the PH community I would consider reanalyzing the date using the European risk score. (see also below)

2. Taking the limitation above, they classify 42% patients at high risk (not sure if this is the same high risk that guidelines refer to) and 3.8% of patient are in WHO IV. In this situation guidelines recommend initiation of combination therapy that includes parenteral prostacyclin. It would be very important to explain why guidelines were not followed. More importantly, the message that transpires is that we can avoid parenteral prostacyclins in 50% of patients at high risk and obtain good results. This might be true, but a single center retrospective case series is hardly convincing evidence. I would be very careful with sending out this message to the practicing physician, I would dial down the strength of the conclusion and say something like "observation that requires further investigation etc"

3. Would also offer explanation for a few different than standard of care choices: CO is only calculated by assumed O2 consumption, parenteral prostacyclins were added to a triple regimen that includes selexipag (as opposed to discontinuing the prostacyclin receptor agonist); would be fair for the reader to also understand why patients on other combinations were switched to maci, rio, selexipag at the time of enrollment.

4. would mention the significance of the findings of the current trial in the light of the recent data of the TRITON study a multicenter randomized trial that looks at the effect of upfront triple combination in PAH.

5. page 12, second paragraph suggest to change "treatment reactivity" to "treatment response"