

Peer Review File

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Reviewer A

This study reports the design of a RCT with the aim of determining the value of using CTCA in patients treated with CABG with regard to improvement of clinical outcomes and reduction in complications when compared to ICA alone. The trial was well designed with expected outcomes contributing to patient care and clinical practice.

I have some minor comments which are listed below:

1. Background: CABG, ICA, CTCA, etc should be defined when they first appear in the text. Page 6, line 115, <2mSV should be <2mSv

Many thanks for highlighting these points.

We have added the definitions into the text on the first occasion each abbreviation is used in the background section. The typographical error on Page 6, now line 118 (mSV) has been corrected to mSv.

2. Page 10, secondary endpoints: for patients allocated to having CTCA first prior to ICA, they will receive contrast medium, thus I suggest adding: contrast medium administered during CTCA and ICA as this will allow comparison of contrast and radiation doses between these two modalities.

Thank you for this valid point. We are collating data on the contrast dose and radiation during CTCA. The study CTCA protocol states to use prospective scanning techniques and thus the lowest radiation dose possible for the patient. Secondary endpoints were chosen specifically to evaluate the impact CTCA has on reduction of intra-arterial contrast, radiation and complications at the time of the angiogram itself, however combined contrast and radiation doses will be available for patients in the CT arm.

In the text we have made clear that the contrast and radiation doses for CTCA will also be recorded (see Page 9, Line 187-189)

3. It seems to me that statistical analysis is missing. Authors need to provide the statistical tests that will be used to analyse data.

A section on statistical analysis for the main study endpoints has been added.

Please see page 13.

Reviewer B

Randomised Controlled Trial

- introduction could be shortened and more focused

Thank you for this feedback. We felt it was important to explain in the background the scale of the problem for these patients, the utility and advancement of CTCA to date along with the previously reported observational data which suggest strongly there is potential benefit in its role to improve patient outcomes. We have modified the text on pages 5 (paragraph 2) and 6 (paragraph 1) to remove repetition of information which will refine the introductory section,

which is now 2 pages in length (on removal of tracked changes) and we feel provides the study rationale.

- "Data from previously published ICA satisfaction studies", in lines 278-279, should be referenced

Thank you for highlighting this.

We have added references at this point in the text, now in lines 286-287.

- details of statistical analysis could be improved

Many thanks for this feedback.

A further section on statistical analysis of the main study endpoints has been added.

Please see page 13.

- Perspective and study limitations could be expanded

Thank you.

We have added a comment on limitations on page 16.