

Clinical Expert: Dr.Guerra

Comment from <i>Insert your name and organisation</i>	Page number <i>Insert 'general' if your comment relates to the whole document</i>	Line/section number	Comment and suggestion for rewording <i>Please insert each new comment in a new row.</i>	Character of comment • 'major' ^a =1 • 'minor' ^b = 2 • 'linguistic' ^c =3 <i>Please indicate your choice by writing the according number in this field, e.g. for major choose "1".</i>	Author's reply
Dr.Guerra.Guadalajara Hospital Spain	29	517	..Used exclusively vascular surgeons and interventional radiologists...It would be a problem because It's possible to use for Heart Surgeons and Cardiologists	2	Thank you, these specialties have been added as suggested.
	29	520	In Spain, there are a low number of Hybrid room at this moment. Most of these procedures are made in a regular operating room.		The sentence indicates the preferences found in the literature about the use of a Hybrid room for the procedure. However, we have now nuanced this point in the report to reflect the information in the comment.
	30	528	In Spain these techniques are performed in the majority of hospitals not only in tertiary referral hospital due to the characteristics of our regional health systems.		The use of tertiary referral hospitals is a suggestion made in the retrieved literature, we have added this clarification.
	30	537	The same way is not applicated " hybrid room is need"...It's better "preferred"		Done as suggested.
	30	555-557	In Spain Heli-FX is not included in a payment of EVAR procedure		Added.
	37	845	Iliac Branch devices are related to endoleak Type IB but this is not the aim of this point because the rest of management talks about Type IA		A clarification has been added.

Please add extra rows as needed.

^a "major": the comment points to a highly relevant aspect and a thorough answer is expected from the author(s)

^b "minor": the comment does not necessarily have to be answered in a detailed manner

^c"linguistic": grammar, wording, spelling or comprehensibility



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	51	1269	Stroke should be a morbidity of the procedure but not a complication related to the technique in EVAR .However It's a possible complication in TEVAR		Stroke was selected as an important outcome in safety, independently of the relation to the technique, and considering the procedure as a whole. We analysed it in the same way than the other adverse events selected by the assessment team and rated when preparing the PICO question. Nevertheless, a sentence has been added to clarify this issue in the discussion section where this topic is detailed (Discussion of the Safety)
	60	1501	In NICE guide 2018 draft is very debated that EVAR was the first indication for AAA but It's true for TEVAR		Thank you for pointing this out. We have decided to remove this sentence because it debates an issue that is beyond the scope of the assessment, and it was not really an objective of the actual discussion.

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Clinical Expert: Dr. Tambyraja

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ALT	15	198-202	I am concerned that this part of the conclusion is too strong. The evidence from which this conclusion is very weak and that needs to be acknowledged hear i.e. '...within the limitations of the low quality evidence available, the use of Heli-FX...EndoAnchor in EVAR patients...'	1	The sentences have been nuanced to be aligned with the rest of the conclusions.
ALT	32	592	Ishmani should read Ishimaru	3	Thank you, corrected.
ALT	61	1573	First sentence doesn't make sense	3	The sentence has been modified to clarify the meaning: " <i>possible prognostic differences between patient subgroups should be considered</i> "
ALT	general		Is it worth making a comment about the lack of any evidence to support or inform us about cost effectiveness?	1	Cost-effectiveness was not contemplated in the project plan and was not an objective of this report. We planned to answer questions on effectiveness and safety. Economic evaluation would be made at a national/local level based on this answers and the context.

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