OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
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- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

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Peer Review Report for "A Modified Wire-Loop Snare Technique to Retrieve Inferior Vena Cava Filters with Severe Tilt and Embedded Hooks"

Author(s): Yuewei Wang, Haofu Wang, Hai Xin, Jun Li

Review Timeline:

Submit Date: 19 Sep 2018
Revised Date: 20 May 2019
Accepted Date: 1 Jun 2019

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0)

28 Nov 2018

Dear AE,
There are some comments which should be addressed by the author:
1- Please add a brief background to abstract as the journal format. In addition, please add the objectives part before method section of paper.
2- Please add the approval of the institutional review board and ethics committee and signing the informed consent by subjects in the method section [patient part of method] not at the end of the result section.
3- How many tilt filters were extracted with routine techniques?
4- Which criteria were used for selecting the filter type in patients?
5- It seems all filters were planned to retrieve after a certain time. Am I right? If yes, please denote in method section?
6- How did the authors understand the tilt and embedded hooks? What were the findings? When did the authors understand the tilt and embedded hooks?
7- Why did the authors think that the patient need a new technique? Did all patients [especially 7 reported patients] experience at first a failed try for filter retrieval applying routine technique? [I mean did all patients were planned for new technique after failure of routine retrieval technique or without any try for routine technique, they were planned at first for new technique based on their special situation of filter trapping? Please explain]

8- Did any patient undergo complications? Was the time of procedure shorter than the routine technique? Please add the data in paper. [if data are available]
9- Did the patients undergo the new filter insertion after retrieval?
10- Did the patients on warfarin during the procedure?
11- Do the authors recommend the new technique for all retrievals?
Thanks.

REFEREE: Reviewer | **Revision** (0) 8 Dec 2018

Dear AE,
The author should add some pictures showing how you do this technique. otherwise paper have enough criteria to be accepted.
Thanks.

REFEREE: Reviewer | **Revision** (0) 17 Dec 2018

Dear AE,
according to Manuscript ID: 84404 "A modified wire-loop snare technique to retrieve inferior vena cava filters with severe tilt and embedded hooks"
the reviewers commented as:
1- Please add a brief background to abstract as the journal format. In addition, please add the objectives part before method section of paper.
2- Please add the approval of institutional review board and ethics committee and signing the inform consent by subjects in method section [patient part of method] not in the end of result section.
3- How many tilt filters were extracted with routine techniques?
4- How did the authors understand the tilt and embedded hooks? What were the findings? When did the authors understand the tilt and embedded hooks?
5- Why did the authors think that the patient need a new technique? Did all patients [especially 7 reported patients] experience at first a failed try for filter retrieval applying routine technique? [I mean did all patients were planned for new technique after failure of routine retrieval technique or without any try for routine technique, they were planned at first for new technique based on their special situation of filter trapping? Please explain]
6- How do you know that no patient undergo complication? please define the procedures for evaluation of complications.
Was the time of procedure shorter than the routine technique? Please add the data in paper. [if data are available]
7- Were the patients on anti coagulation during the procedure?
8- Do the authors recommend the new technique for all retrievals?
Thanks.

REFEREE: Associate Editor | **Revision** (0) 17 Dec 2018

Dear EIC
The reviewer(s) have recommended publication, but also suggest some minor revisions to the manuscript. Therefore, I invite the author to respond to the reviewer(s)' comments and revise his manuscript.

Kind regards,

REFEREE: EIC | **Revision** (0)

17 Dec 2018

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs major revision. Please follow their comments as requested.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear editor,

I have revised the manuscript entitled “A modified wire-loop snare technique to retrieve inferior vena cava filters with severe tilt and embedded hooks”, which reviewed by three reviewers. They pointed out several important problems in my manuscript. I have carefully addressed the issues (point by point) as raised in reviewer comments. Also, I have revised the manuscript as the journal format. All the changes within the manuscript were highlighted.

Reviewers' Comments:
Reviewer 1:
1-please add a brief background to abstract as the journal format. In addition, please add the objectives part before method section of paper.
Reply: We appreciate your suggestion. We have added a brief background to abstract and objectives part before method section as the journal format.

2-Please add the approval of institutional review board and ethics committee and signing the inform consent by subjects in method section [patient part of method] not in the end of result section.
Reply: Thank you for your suggestion. We have added the approval of ethics committee of my institution and signing the inform consent by patients in method section, and delete the approval of ethics committee and inform consent in the end of result section.

3-how many tilt filters were extracted with routine techniques?
Reply: Thank you for your question. About 30% of filters tilted before retrieval in our department. If severe tilt and embedded hook did not occur, the filters could be retrieved with routine technique. We performed routine technique to retrieve tilt filters for about 10 patients per year.

4-which criteria were used for selecting the filter type in patients?
Reply: Thank you for your question. Firstly, we prefer to chose retrievable filter because retrievable filters result in fewer complications compared with permanent filters. Secondly, two types of filters are available in our hospital including OptEase (Cordis) and Celect (COOK). The time to retrieve OptEase and Celect is within 14 days and within 3 months after implantation respectively. So we need evaluate the condition of patient before filter implantation. If the filter could be retrieved within 14 days, we prefer to chose OptEase. If the filter could not be retrieved within 14 days, we prefer to chose Celect.

5-it seems all filters were planned to retrieve after a certain time. Am I right? If yes, please denote in method section?
Reply: Thank you for your suggestion and we agree with your opinion. The time to retrieve OptEase and Celect is within 14 days and within 3 months after implantation

respectively. In our study, the indwelling time of three drum-type filters was from 12 to 16 days. The indwelling time of four conical filters was from 35 to 60 days. We denote this in method section.

6-how did the authors understand the tilt and embedded hooks? What were the findings? When did the authors understand the tilt and embedded hooks?
Reply: Thank you for your question. Tilt is one of common complications after filter implantation. Severe tilt means that the hook of filter attaches to the vena caval wall. The hook of filter could be embedded by hyperplastic intima and thrombus after the hook attaches to vessel wall. Preoperative CT angiography and intraoperative angiogram of different projections including front, oblique, lateral could reveal that the tilt hook is in the vessel wall and not in the lumen.

7-why did the authors think that the patient need a new technique? Did all patients [especially 7 reported patients] experience at first a failed try for filter retrieval applying routine technique? [I mean did all patients were planned for new technique after failure of routine retrieval technique or without any try for routine technique, they were planned at first for new technique based on their special situation of filter trapping? Please explain]
Reply: Thank you for your question. About 11 years ago, the first severe tilt filter with embedded hook was a drum-type filter (Cordis), we did not know wire-loop technique, we failed to retrieve it after trying for one and a half hours. Four year ago, for the first severe tilt conical filter, we performed the routine snare technique, but failed. So we applied the wire-loop snare technique to retrieve the filter successfully. After that, when we found severe tilt filter and embedded hooks, we performed the wire-loop snare technique firstly without trying to perform the routine technique. When CT angiography or angiogram revealed severe tilt filter and embedded hooks, we recommended to perform the wire-loop snare technique directly without trying to perform the routine technique.

8-did any patient undergo complication? Was the time of procedure shorter than the routine technique? Please add the data in paper. [if data are available]
Reply: Thank you for your question and suggestion. We retrieved the seven severe tilt filters successfully without any complications. The operation time was from 17 to 30 minutes. We added operation time in results section and in Table 1.

9-did the patients undergo the new filter insertion after retrieval?
Reply: Thank you for your question. All the filters were retrieved after catheter-directed thrombolysis, percutaneous transluminal angioplasty of the iliac and femoral vein, or resection of pelvic mass without new filter insertion.

10-did the patients on warfarin during the procedure?
Reply: Thank you for your question. Three patients were given warfarin and four patients were given rivaroxaban during the procedure. After filter implantation, the

patients need long-term anticoagulant therapy. The patients chose the anticoagulant drugs (warfarin or rivaraxaban).

11-do the authors recommend the new technique for all retrievals?
Reply: Thank you for your question. We do not recommend the wire-loop technique for all retrievals. When CT angiography or angiogram reveals severe tilt filter and embedded hooks, we recommend to perform the wire-loop snare technique directly without trying to perform the routine technique.

Reviewer 2:
please add some pictures showing how you do this technique.
otherwise paper have enough criteria to be accepted.
Reply: We appreciate your suggestion. We have added some pictures to illustrate how we performed this technique to retrieve both conical filter and drum-type filter. And we also revised figure legends.

Reviewer 3:
Dear editorial
according to Manuscript ID: 84404 "A modified wire-loop snare technique to retrieve inferior vena cava filters with severe tilt and embedded hooks"
the reviewers commented as:

1-please add a brief background to abstract as the journal format. In addition, please add the objectives part before method section of paper.
Reply: We appreciate your suggestion. We have added a brief background to abstract and objectives part before method section as the journal format.

2-Please add the approval of institutional review board and ethics committee and signing the inform consent by subjects in method section [patient part of method] not in the end of result section.
Reply: Thank you for your suggestion. We have added the approval of ethics committee of my institution and signing the inform consent by patients in method section, and delete the approval of ethics committee and inform consent in the end of result section.

3-how many tilt filters were extracted with routine techniques?
Reply: Thank you for your question. About 30% of filters tilted before retrieval in our department. If severe tilt and embedded hook did not occur, the filters could be retrieved with routine technique. We performed routine technique to retrieve tilt filters for about 10 patients per year.

4-how did the authors understand the tilt and embedded hooks? What were the findings? When did the authors understand the tilt and embedded hooks?
Reply: Thank you for your question. Tilt is one of common complications after filter

implantation. Severe tilt means that the hook of filter attaches to the vena cava wall. The hook of filter could be embedded by hyperplastic intima or thrombus after the hook attaches to vessel wall. Preoperative CT angiography and intraoperative angiogram of different projections including front, oblique, lateral could reveal that the tilt hook is in the vessel wall and not in the lumen.

5-why did the authors think that the patient need a new technique? Did all patients [especially 7 reported patients] experience at first a failed try for filter retrieval applying routine technique? [I mean did all patients were planned for new technique after failure of routine retrieval technique or without any try for routine technique, they were planned at first for new technique based on their special situation of filter trapping? Please explain]

Reply: Thank you for your question. About 11 years ago, the first severe tilt filter with embedded hook was a drum-type filter (Cordis), we did not know wire-loop technique, we failed to retrieve it after trying for one and a half hours. Four year ago, for the first severe tilt conical filter, we performed the routine snare technique, but failed. So we applied the wire-loop snare technique to retrieve the filter successfully. After that, when we found severe tilt filter and embedded hooks, we performed the wire-loop snare technique firstly without trying to perform the routine technique. When CT angiography or angiogram revealed severe tilt filter and embedded hooks, we recommended to perform the wire-loop snare technique directly without trying to perform the routine technique.

6-how do you know that no patient undergo complication? please define the procedures for evaluation of complications.

Was the time of procedure shorter than the routine technique? Please add the data in paper. [if data are available]

Reply: Thank you for your question and suggestion. We retrieved the seven severe tilt filters successfully without any complications. Intraoperative completion angiogram of every patient after filter retrieval showed patent vena cava and no sign of bleeding. The patients had no symptom of hematoma or arteriovenous fistula of puncture site, retroperitoneal hematoma, pulmonary embolism, infection perioperatively. All the patients were discharged two days after operation and remained in good condition at follow-up. We defined the associated complication in paper.

The operation time was from 17 to 30 minutes. We add operation time in Results and in Table 1. We could not collect operation time of every patents underwent routine technique. So we could not compare operation time of wire-loop technique with routine technique.

7-were the patients on anti coagulation during the procedure?

Reply: Thank you for your question. Three patients were given warfarin and four patients were given rivaroxaban during the procedure. After filter implantation, the patients need long-term anticoagulant therapy. The patients chose the anticoagulant drugs (warfarin or rivaraxaban).

8-do the authors recommend the new technique for all retrievals?
Reply: Thank you for your question. We do not recommend the wire-loop technique for all retrievals. When CT angiography or angiogram reveals severe tilt filter and embedded hooks, we recommend to perform the wire-loop snare technique directly without trying to perform the routine technique.

Associate Editor's Comments:
Associate Editor 1:
Dear editorial
according to Manuscript ID: 84404 "A modified wire-loop snare technique to retrieve inferior vena cava filters with severe tilt and embedded hooks"
the reviewers commented as:

1-please add a brief background to abstract as the journal format. In addition, please add the objectives part before method section of paper.
Reply: We appreciate your suggestion. We have added a brief background to abstract and objectives part before method section as the journal format.

2-Please add the approval of institutional review board and ethics committee and signing the inform consent by subjects in method section [patient part of method] not in the end of result section.
Reply: Thank you for your suggestion. We have added the approval of ethics committee of my institution and signing the inform consent by patients in method section, and delete the approval of ethics committee and inform consent in the end of result section.

3-how many tilt filters were extracted with routine techniques?
Reply: Thank you for your question. About 30% of filters tilted before retrieval in our department. If severe tilt and embedded hook did not occur, the filters could be retrieved with routine technique. We performed routine technique to retrieve tilted filters for about 10 patients per year.

4-how did the authors understand the tilt and embedded hooks? What were the findings? When did the authors understand the tilt and embedded hooks?
Reply: Thank you for your question. Tilt is one of common complications after filter implantation. Severe tilt means that the hook of filter attaches to the vena caval wall. The hook of filter could be embedded by hyperplastic intima or organized thrombus after the hook attaches to vessel wall. Preoperative CT angiography and intraoperative angiogram of different projections including front, oblique, lateral could reveal that the tilt hook is in the vessel wall and not in the lumen.

5-why did the authors think that the patient need a new technique? Did all patients [especially 7 reported patients] experience at first a failed try for filter retrieval

applying routine technique? [I mean did all patients were planned for new technique after failure of routine retrieval technique or without any try for routine technique, they were planned at first for new technique based on their special situation of filter trapping? Please explain]

Reply: Thank you for your question. About 11 years ago, the first severe tilt filter with embedded hook was a drum-type filter (Cordis), we did not know wire-loop technique, we failed to retrieve it after trying for one and a half hours. Four year ago, for the first severe tilt conical filter, we performed the routine snare technique, but failed. So we applied the wire-loop snare technique to retrieve the filter successfully. After that, when we found severe tilt filter and embedded hooks, we performed the wire-loop snare technique firstly without trying to perform the routine technique. When CT angiography or angiogram revealed severe tilt filter and embedded hooks, we recommended to perform the wire-loop snare technique directly without trying to perform the routine technique.

6-how do you know that no patient undergo complication? please define the procedures for evaluation of complications.

Was the time of procedure shorter than the routine technique? Please add the data in paper. [if data are available]

Reply: Thank you for your question and suggestion. We retrieved the seven severe tilt filters successfully without any complications. Intraoperative completion angiogram of every patient after filter retrieval showed patent vena cava and no sign of bleeding. The patients had no symptom of hematoma or arteriovenous fistula of puncture site, retroperitoneal hematoma, pulmonary embolism, infection perioperatively. All the patients were discharged two days after operation and remained in good condition at follow-up. We defined the associated complications in paper.

The operation time was from 17 to 30 minutes. We add operation time in Results and in Table 1. We could not collect operation time of every patents underwent routine technique. So we could not compare operation time of wire-loop technique with routine technique.

7-were the patients on anti coagulation during the procedure?

Reply: Thank you for your question. Three patients were given warfarin and four patients were given rivaroxaban during the procedure. After filter implantation, the patients need long-term anticoagulant therapy. The patients chose the anticoagulant drugs (warfarin or rivaraxaban).

8-do the authors recommend the new technique for all retrievals?

Reply: Thank you for your question. We do not recommend the wire-loop technique for all retrievals. When CT angiography or angiogram reveals severe tilt filter and embedded hooks, we recommend to perform the wire-loop snare technique directly without trying to perform the routine technique.

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) 14 Jan 2019

Dear AE,
The study is reviewed carefully. According to comments and revisions by the author, this manuscript is accepted.
Thanks

REFEREE: Reviewer | **Revision** (1) 3 Feb 2019

Dear AE,
The authors have responded to questions but I think there are interesting points in their responses to questions 3-11 of reviewer 1 and it is interesting and useful if add the data in responses to the paper. so I recommend the authors add interesting and useful points of responses to mentioned questions in to the paper [in method or discussion where ever it is appropriate]. after these corrections, the paper is accepted.
Thanks.

REFEREE: Associate Editor | **Revision** (1) 12 Feb 2019

Dear EIC,
The reviewer accepted the manuscript.
Thanks.

REFEREE: EIC | **Revision** (1) 12 Feb 2019

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
Thanks.

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear editor,

I have revised the manuscript entitled “A modified wire-loop snare technique to retrieve inferior vena cava filters with severe tilt and embedded hooks”, which reviewed by two reviewers. All the changes within the manuscript were highlighted.
Also, we have uploaded the ethical approval as a single file in the manuscript system. And we have stated the ethical approval at the end of the manuscript. There is no Ethical Approval code and website link for the ethical approval of our hospital.

Reviewers' Comments:
Reviewer 1:
accepted
Reply: Thank you.

Reviewer 2:
Q: the authors have responded questions but I think there are interesting points in their responses to questions 3-11 of reviewer 1 and it is interesting and useful if add the data in responses to the paper. so I recommend the authors add interesting and useful points of responses to mentioned questions in to the paper [in method or discussion where ever it is appropriate]. after these corrections, the paper is accepted.
R: Thank you for suggestion. I have added my interesting and useful points of responses to questions 3-11 into the paper.

Q: 3-how many tilt filters were extracted with routine techniques?
R: About 30% of filters tilted before retrieval in our department. If severe tilt and embedded hook did not occur, the filters could be retrieved with routine technique. We added these two sentences in Discussion from Line 145 to 147.

Q: 4-which criteria were used for selecting the filter type in patients?
R: We preferred to choose retrievable filters and two types of filters were available in our hospital including drum-type filter (OptEase) and conical filter (Celect). The time to retrieve drum-type filter and conical filter was within 14 days and within 3 months after implantation respectively. So we evaluated the condition of patient before filter implantation. If the filter could be retrieved within 14 days, we preferred to choose OptEase. If the filter could not be retrieved within 14 days, we preferred to choose Celect. We add the points in Methods from Line 65 to Line 71.

Q: 5-it seems all filters were planned to retrieve after a certain time. Am I right? If yes, please denote in method section?
R: We preferred to choose retrievable filters. The time to retrieve OptEase and Celect is within 14 days and within 3 months after implantation respectively. All filters were planned to retrieve after a certain time. In our study, the indwelling time of three drum-type filters was from 12 to 16 days. The indwelling time of four conical filters was from 35 to 60 days. We denote this in Methods from Line 81 to Line 83.

Q: 6-how did the authors understand the tilt and embedded hooks? What were the findings? When did the authors understand the tilt and embedded hooks?
R: Tilt is one of common complications after filter implantation. Severe tilt means that the hook of filter attaches to the vena caval wall. The hook of filter could be embedded by hyperplastic intima and thrombus after the hook attaches to vessel wall. We denote this in Background from Line 45 to 47.
Preoperative CT angiography and intraoperative angiogram of different projections including front, oblique, lateral could reveal that the tilt hook is in the vessel wall and not in the lumen. We add this point in Methods from Line 76 to 78.

Q: 7-why did the authors think that the patient need a new technique? Did all patients [especially 7 reported patients] experience at first a failed try for filter retrieval applying routine technique? [I mean did all patients were planned for new technique after failure of routine retrieval technique or without any try for routine technique, they were planned at first for new technique based on their special situation of filter trapping? Please explain]
R: Four year ago, for the first severe tilt conical filter, we performed the routine snare technique, but failed. So we applied the wire-loop snare technique to retrieve the filter successfully. Therefore, when CT angiography or angiogram revealed severe tilt filter and embedded hooks, we recommended to perform the wire-loop snare technique directly without trying to perform the routine technique. We denote this in Conclusion from Line 193 to 196.

Q: 8-did any patient undergo complication? Was the time of procedure shorter than the routine technique? Please add the data in paper. [if data are available]
R: We retrieved the seven severe tilt filters successfully without any complications. The operation time was from 17 to 30 minutes. We have reported these data in Results and Table 1. We did not compare the time of snare technique with routine technique. Because we performed the wire-loop snare technique directly for six patients without trying to perform the routine technique after CT angiography or angiogram revealed severe tilt filter and embedded hooks.

Q: 9-did the patients undergo the new filter insertion after retrieval?
R: All the filters were retrieved after catheter-directed thrombolysis, percutaneous transluminal angioplasty of the iliac and femoral vein, or resection of pelvic mass without new filter insertion. We denote this in Results from Line 141 to 142.

Q: 10-did the patients on warfarin during the procedure?
R: After filter implantation, the patients need long-term anticoagulant therapy and were given warfarin or rivaroxaban according to patients' choice. We denote this in Methods from Line 72 to 74.

Q: 11-do the authors recommend the new technique for all retrievals?

R: We do not recommend the wire-loop technique for all retrievals. When CT angiography or angiogram reveals severe tilt filter and embedded hooks, we recommend to perform the wire-loop snare technique directly without trying to perform the routine technique. We denote this in Conclusion from Line 193 to 196.

Thanks.

OPEN PEER REVIEW

Revision (2)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Associate Editor | **Revision** (2) 7 Apr 2019

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: Associate Editor | **Revision** (2) 18 May 2019

Dear EIC,
The authors should respond to all comments one by one.
1-In the abstract, “The leading end of the wire was snared by 5F vertebral catheter and snare to form a loop and snare the hook.”
This sentence is not correct. Please revise this sentence.
2- In the abstract, in the methods, you have described your new technique for filter retrieval in unnecessary detail. Overall, the abstract should give a summary of the whole procedure including the number of patients, and the setting.
Please complete the abstract method based on the appropriate data of the study.
3- In the discussion, “About 30% of filters tilt before retrieval in our department.”
Is tilt the verb in this sentence? Then it should be past tense. Please correct the sentence.
4- In the discussion, “If both the filter hook and struts are embedded in the cava wall completely and the wire-loop cannot stretch the filter hook away from the IVC wall. The long sheath may advance over the wire loop to retrieve the filter directly.”
The first sentence is incomplete. It seems that these 2 sentences should be combined.
Please revise.
Thank you.

REFEREE: EIC | **Revision** (2) 19 May 2019

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
Thanks.

OPEN PEER REVIEW

Revision (3)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear editor,

I have revised the manuscript entitled “A modified wire-loop snare technique to retrieve inferior vena cava filters with severe tilt and embedded hooks”, which reviewed by reviewers and editors. All the changes within the manuscript were highlighted.

Reviewers' Comments:
Associate Editor's Comments:
Associate Editor 1:
a
R: Thank you.
Associate Editor 2:
Dear author,
Please respond to all comments one by one. Then, highlight any changes you make in the manuscript. Please do not make any changes in the manuscript other than responding to the comments, because they will not be considered.
1-In the abstract, “The leading end of the wire was snared by 5F vertebral catheter and snare to form a loop and snare the hook.”
This sentence is not correct. Please revise this sentence.
R: Thank you for your suggestion. I have revised this sentence as followed: The leading end of the wire was snared by 5F vertebral catheter and the snare to form a loop. Then the loop snared the hook.
2- In the abstract, in the methods, you have described your new technique for filter retrieval in unnecessary detail. Overall, the abstract should give a summary of the whole procedure including the number of patients, and the setting.
Please complete the abstract method based on appropriate data of the study.
R: Thank you for your suggestion. We have added the data of the patients into the abstract and rewritten the procedure of the wire-loop snare technique.
3-In the discussion, “About 30% of filters tilt before retrieval in our department.”
Is tilt the verb in this sentence? Then it should be past tense. Please correct the sentence.
R: Thank you for your suggestion. The “tilt” is a verb and have revised the sentence.
4-In the discussion, “If both the filter hook and struts are embedded in the cava wall completely and the wire-loop cannot stretch the filter hook away from the IVC wall. The long sheath may advance over the wire-loop to retrieve the filter directly.”
The first sentence is incomplete. It seems that these 2 sentences should be combined. Please revise.
R: Thank you for your suggestion. I have revised the sentence and combined these two sentences.

OPEN PEER REVIEW

Revision (3)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Associate Editor | **Revision** (3) 1 Jun 2019

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: EIC | **Revision** (3) 1 Jun 2019

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.