**Editor:**

Os autores agradecem os amáveis e construtivos comentários e sugestões realizadas ao seu artigo.

Comentário 1: o resumo e o abstract não deverão incluir abreviaturas

Resposta: Substituímos as abreviaturas do resumo e abstract.

Comentário 2: o resumo e o abstract deverão reflectir fielmente a estrutura do artigo, pelo que é necessário que incluam um parágrafo independente relativo ao capítulo "Discussão"

Resposta: Os resumos foram reestruturados de forma a terem os tópicos necessários sem exceder o número total de palavras.

Comentário 3: na listagem final de referências deverão ser identificados os seis primeiros autores das obras consultadas, e só depois fazer-se uso da expressão "et al"

Resposta: Foram alteradas as referências em concordância com este comentário.

Comentário 4: na listagem final de referências, as revistas consultadas deverão ser identificadas na sua forma abreviada (ex: Acta Med Port e não Acta Médica Portuguesa)

Resposta: Foram alteradas as referências em concordância com este comentário.

Comentário 5: a última referência não se encontra numerada?

Resposta: A última referência apresentava uma gralha sendo que a última frase fazia parte da referência número 22 (a última referência). Isto foi corrigido no texto.

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**Revisor A:**

The authors are grateful for the kind and constructive comments and suggestions made on their article.

1. In the Methods section, it should be clear that mortality assessed in this study is hospital mortality

Answer: This has been changed in the text as suggested.

2. A primary diagnosis of PAD was required for elegibility in this study. But it is not clear if the primary diagnosis could be any code listed in Table 1, ot if it could only be a 440.xxx code.

Answer: The primary diagnosis could be any code listed of the diagnosis in Table 1 and this was specified in the text.

3. The authors need to clearly state what is meant by "urgent hospitalization". Is it hospitalization after presentation to an emergency department? Or is it hospitalization due to rapid onset of severe symptoms or something similar?

Answer: Is it hospitalization after presentation to an emergency department and this was specified in the text.

 4. Results section, first sentence: what is meant by vascular pathology? The authors may clarify this by stating which ICD-9 codes are considered vascular pathology.

Answer: When we say “vascular pathology” we refer to (obstructive carotid disease, deep venous thrombosis, chronic venous insufficiency, acute lower limb ischemia, peripheral arterial disease, abdominal and peripheral artery aneurysms, and vascular trauma) and this was specified in the text - Results section, first sentence.

5. The authors should clearly show the breakdown of the total number of hospitalizations (27,684) according to each and every one of the codes (clinical and/or procedures) listed in Table 1.

Answer: This has been changed in the texto and in the figures

- Furthermore, the authors should provide the total number of patients for each code, since the same patient can have more than one hospitalization over the 8-year period, and the reason for hospitalization may be different in each individual admission.

Answer: All ID duplicates were removed in order to obtain unique cases only.

6. Results section, second paragraph: what is meant by general atherosclerosis? Is this polyvascular atherosclerosis?

Answer: This concept refers to the diagnosis of atherosclerosis (ICD-9) but we agree that it is ambiguous so the authors have altered the sentence in order to focus only on what is referred to at the front.

- Same paragraphy, 26825/27684 is 96.9%, and not 97.6%.

 Answer: this was specified in the text.

- Finally, please clarify what is meant by "recurrence": these patients had a prior hospitalization due to one of the procedures listed in Table 1?

Answer: patients previously submitted to procedures listed in table 1 for peripheral arterial disease.

- And the hospitalization between 2009 and 2016 was due to any diagnosis or procedure (or only for a procedure) listed in Table 1?

Answer: The hospitalization was due to any diagnosis - “hospitalisations for PAD as the main diagnosis”.

7. Results section, third paragraph: the number 3759 is not the number 4102 mentioned in the first paragraph

Answer: We rearrange this data to be clearer.

8. The authors need to clarify how they determined the percentage of male patients, since one patient may have more than one hospitalization. In other words, what is the denominator in this percentage: total number of PAD hospitalizations or total number of patients with a PAD hospitalization over the 8-year period?

Answer: The total number of patients with a PAD hospitalization over the 8-year period.

 9. On figure 1, the authors should add a table to the figure with absolute numbers of cases per year and per presentation.

Answer: A table was added to accompany Fig 1.

- On figure 2, include the exact number of hospital deaths and the exact number of total PAD hospitalizations, for each year of the 8-year period.

Answer: A table was added to accompany Fig 2.

- On figure 3, include a table with the absolute numbers of procedures performed in each of the 8 years, and for each of the 3 categories of procedures.

Answer: A table was added to accompany Fig 3.

10. What is meant by reat pain and/or ulceration? After all, the primary diagnosis can only be one.

Answer: Here we grouped in an approximation of what would be the difference between chronic ischemia grade II of Fontain versus critical ischemia (grade III and IV).

11. The percentages on Table 2 do not match the percentages in the text of the results section. Why?

Answer: The authors performed a review of the data and are currently correct, both in the table and in the text.

 12. For the sake of completeness, the authors should provide tables with absolute numbers of procedures per year, and per clinical presentation.

Answer: This information was added on each graphic (Figures 1, 2 and 3).

13. Caution should be used with the statistical comparisons in Table 3, since these comparisons are not adjusted.

Answer: For the sake of correctness a new line was added stating the p-values included in table 3 are unadjusted p-values

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 **Revisor B:**

The authors are grateful for the kind and constructive comments and suggestions made on their article.

 1. MATERIAL AND METHODS:

• The total number of hospitals and the distribution of patients from each hospital is not reported. We can assume that this database includes the totality of hospitals belonging to the national health service, but this should be clearly noted. This could be added in a table or as an online supplement.

- Answer: Data were obtained from the Diagnosis Related Group (DRG) national database which contains data from all admissions into Portuguese public hospitals (mainland Portugal) and this was better clarified in the texto.

2. RESULTS:

• 9902 patients had diabetes mellitus (DM),however Moutinho and colleagues don't describe the type of diabetes. As the two diseases may be classified differently in the ICD 9 this distinction could have been made.

Answer: It is true but for simplicity we consider both types together.

• The age of the patients could have been reported has median (IQR) or mean (SD).

Answer: Patients were grouped into five age groups: 18 to 24 years old, 25 to 44, 45 to 64, 65 to 84, and older than 85 years old.

• It would be important not only to present in-hospital mortality but also mortality at 1 year. Likewise considering that DAP is a systemic disease it would be important to report which is the main cause of death of these patients.

Answer: would be an interesting outcome to analyze in the future but this was not part of the study planning as such we do not have these data at this time.

 3. DISCUSSION

• Given the lack of clinical data, the bias this introduces should be commented on in the discussion and not only in the conclusion.

Answer: This was changed in the text as suggested

 4. CONCLUSION

• Conclusion is somewhat long. In this section more emphasis should been given to the main findings of the report.

Answer: Changes were made as suggested and they are in red.

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**Revisor D:**

Os autores agradecem os amáveis e construtivos comentários e sugestões realizadas ao seu artigo.

Comentário 1: Na leitura do artigo, duas questões surgiram: existe alguma justificação para a mortalidade se manter semelhante, durante os oito anos? (atraso na referência dos doentes?; lista de espera na especialidade de cirurgia vascular?)

Resposta: Os autores admitem que durante estes oito anos não terão ocorrido alterações francas no tratamento destes doentes que justifiquem alterações significativas na mortalidade. O *plateau* de mortalidade operatória é um dado comum a outras séries internacionais e referentes às duas últimas décadas, após a melhoria significativa em relação às séries institucionais publicadas nas décadas de 1980 e 1990. Este fenómeno corresponde à melhoria dos cuidados pós-operatórios, ao risco cirúrgico inerente e inevitável nestes doentes, em particular nas situações de rotura. Os nossos dados reflectem essa realidade.

Comentário 2: Qual a razão para os procedimentos endovasculares terem aumentado entre 2013 e 2015? (alguma campanha de sensibilização da população nesses anos?; maior disponibilidade de recursos humanos e técnicos?).

Resposta: Os autores não acreditam haver uma causa-efeito específica que explique esse resultado. No entanto, gostaríamos de referir que esse aumento está em linha com o verificado em diversos países e que poderá ser o reflexo da evolução da curva de aprendizagem das equipas, da maturidade da técnica endovascular e da publicação de resultados de séries que parecem demonstrar benefícios desta técnica em determinadas situações clínicas e /ou grupos de doentes.

- Sugiro a utilização de siglas somente após a referência ao termo por extenso (AMI, CLI).

Resposta: Isto foi alterado no texto como sugerido.

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**Revisor F:**

Os autores agradecem os amáveis e construtivos comentários e sugestões realizadas ao seu artigo.