Review of: "Graft Angiography Through Right Radial Artery: A Retrospective Cohort Study"

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Potential competing interests: No potential competing interests to declare.

This manuscript is well written and designed properly. However, the low sample size is a serious limitation. Few questions:

Number of puncture attempts should be presented.

How many patients required a radial access switch, for example, related to the high tortuosity of the brachiocephalic truncus?

Indications for coronary angiography? STEMI/NSTEMI/stable angina? % of each.

Table 2. Percentages of each complication should be presented.

Were pressure devices or closure devices used? How many % in each group?

Authors should present how many patients were examined with the left radial artery and the femoral artery. Right vs. left radial and right radial vs. femoral analyses should be performed to provide comprehensive data.

Please add to the discussion these large studies exploring this important topic:

https://pubmed.ncbi.nlm.nih.gov/33221180/

https://pubmed.ncbi.nlm.nih.gov/28606891/

Have the authors included in the analysis the impact of operators' experience? The impact of dexterity in radial and femoral approach utilization? Please discuss this topic:

https://pubmed.ncbi.nlm.nih.gov/31540442/

What is the rate of periprocedural stroke/bleeding complications related to invasive cardiologists' dexterity in radial approach utilization? Please evaluate your study with this outcome, and please add to the discussion this study: https://pubmed.ncbi.nlm.nih.gov/27544594/

How many PCIs were performed with right radial approaches? What did operators do if a LIMA-LAD graft required stent implantation? Was the radial approach switched?

- There is a lack of information about antiplatelet therapy. Some of the patients were treated for atrial fibrillation - what type of anticoagulation was used? Bleeding/thrombotic complications?