



To the  
Editors-in-Chief  
*World Journal of Cardiology*

Leipzig, 22.06.2016

Dear Mr. Ji

thank you for considering our manuscript titled **“Renal Sympathetic Denervation in Therapy Resistant Hypertension – Pathophysiological Aspects and Predictors for Treatment Success” (No 26828)** for publication in the *World Journal of Cardiology* as a Review. Herewith we want to provide a revised version changed according to the reviewer’s comments.

We thank the reviewers for taking the time and effort to comment on our work which was very helpful for further improving the quality of the paper. We changed the manuscript according to the suggestions where possible. Please find our answers for the point-by-point rebuttal below.



Reviewer #1:

1. *Page 4, last sentence: In the following 'review'*

This typing error has now been corrected.

2. *ABPM, eGFR etc. Please define all abbreviations wherever first appear in the manuscript and use consistently thereafter.*

The mentioned abbreviations have now been corrected.

3. *Page 11: c-reactive protein = C-reactive protein.*

This typing error has also been corrected.

4. I would suggest 2 Tables. One table summarizing the benefits of RDN and another table summarizing the predictors of successful RDN.

These tables are now included in our manuscript (Table 1 and Table 3)

Reviewer #2:

1. *To make paper more readable, authors should summarise their comments in section 2 (pathophysiological effects of renal sympathetic denervation) and section 3 (technical predictors of success) into 2 tables.*

These Tables are now included in our manuscript.



Reviewer #3:

1. *I would welcome further emphasis in specific recommendations for future patient selection and exclusion as hinted in your text.*

To date, all known or potential predictors for a successful renal denervation are described in retrospective and/or mostly small cohorts only. Therefore, we believe all these predictors need to be validated prospectively in larger, adequately powered cohorts first before specific recommendations for patient selection can be made.

2. A typo: "...Assessment of hemodynamic changes can be achieved via echocardiography, which was part of mutually(sic) all protocols of bigger studies examining treatment effects of RDN.... " probably "virtually" rather than "mutually"

This error has been corrected.



All changes to the manuscript are made visible by color highlighting.

Thank you for considering our manuscript for publication in the *World Journal of Cardiology*.

Please do not hesitate to contact us in case further details are required.

Yours sincerely,

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