

## **Wiernek et al Author response to reviewers' and editors' comments:**

1. Authors' response to editors' comments have been directly addressed in the redline version of the revised manuscript main text.
2. Authors' response to reviewers' comments are detailed below with reviewers' comments in *italic and blue* format and author response in black font.

### **Reviewer #1**

*This is an excellent systematic review about the recommendation of cardiac evaluation for patients with thrombotic thrombocytopenic purpura. This manuscript is nicely structured and well written. I have no question about this manuscript.*

- We appreciate reviewer #1's positive feedback on our manuscript.

### **Reviewer #2**

1. *Please revise the paper in regard to English language appropriately.*

The authors have revised the manuscript multiple times. In particular, co-author, Dr. Gustafson has carefully proof read the manuscript focusing on English language style and appropriateness, and have revised according to linguistic standard. Dr. Gustafson is native English speaker with advanced literacy training background. Therefore, we are confident that the English language of the manuscript meets medical literature standard.

2. *Please comment on the cut-off values for thrombocyte count in those patients with TTP before a cardiac intervention including PCI, thrombolytic tx, PM implantation..etc*

It is very rare to proceed with cardiac intervention including PCI, thrombolytic therapy, PM implantation etc in the acute TTP setting. We have not found literature discussing this topic. We have added a sentence (below)

to comment on this.

“Due to thrombocytopenia in TTP and platelet dysfunction, the risk of hemorrhage during procedural treatments (diagnostic cardiac catheterization and PCI, pacemaker placement etc) for TTP patients is high. However, the threshold of platelet counts for these procedures is not defined. Physician is will need to assess on case-by-case basis.”

3. *Please comment on the specific area of microvascular assessment by using cardiac MRI rather than invasive coronary angiography.*

Cardiac MRI myocardial perfusion reserve index was reportedly used to assess microvascular coronary dysfunction (Shufelt et al Cardiovascular Diagnosis and Therapy 2013;3:153-160). However, there is not study in literature reporting the use of CMR in evaluating of the impact of TTP on myocardium. We have made this statement in the original version of the manuscript (last sentence of Section VI-3)

**Reviewer #3**

*Congratulations on the great work.*

- We appreciate the reviewers' positive feedback.