

Marco Matteo Ciccone, Ramdas G Pai, Dimitrios Tousoulis

Editors in Chief,

World Journal of Cardiology

Dear Editors in Chief,

Re: “*The Role of Cardiac MRI in Troponinemia Syndromes*”.

Please see our revisions for the above manuscript. We have specifically addressed the reviewers concerns in details (please see adjoining text below).

All authors have read and approved the revisions for the manuscript and have signed the conflicts of interest disclosure forms.

We look forward to your hearing back from your editorial team in regards to our revised manuscript for acceptance

With kind regards

Yours sincerely,

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Reviewer comment	Revision
It seems better to discuss MINOCA as authors are interested in troponitis syndromes.	Thank you for your suggestion. As not all the conditions included in this narrative review would meet the myocardial infarction types outlined in the 4 th Universal definition of myocardial infarction, we decided to use initially use the term troponitis, but have now corrected it to troponinemia syndrome.
definition of myocardial infarction in “Myocardial Infarction” section is not appropriate and confused “implicitly authors define the supply-demand mismatch”.	Thank you for identifying this point. We have removed the comment “supply-demand mismatch”, to reduce confusion and allow inclusivity for all types of myocardial infarctions as outlined in the 4 th Universal definition of myocardial infarction.
In the “Myocardial infarction” section, it is written “Study delay for at least a week can be considered ...”. Please state that the delay is with respect to myocardial infarction.	Thank you for pointing this out. We have clarified this phrase. <i>Please see the clarification in the Myocardial Infarction section – paragraph 6.</i>
What about the role of CMRI in assessing myocardial viability in order to guide revascularization strategy in multi-vessel CAD AMI patients?	Thank you for suggesting this. We have added a section on myocardial viability <i>Please find update in the Myocardial Infarction section - paragraph 4.</i>
Role of quantitative perfusion CMRI in TTS	Thank you for raising this question. Quantitative perfusion is not yet established in TTS hence has not been addressed.
There are any reported specific CMRI features for COVID-19 related myocarditis or cardiac involvement?	Thank you for your question. No, to date there are no specific CMRI features for COVID19 related myocarditis. It is also compounded by the lack of availability of baseline CMRI data on patients before they contract COVID19.
No where you have mentioned it is a systematic or narrative.	Thank you for identifying this point. <i>Please find the clarification that this is a narrative review in the Introduction section – paragraph 2.</i>
There are many other places where improper English usage affect the readability	Thank you for your feedback. We have restructured numerous section to improve information flow, and hope this will make for better readability. <i>Please see in particular restructuring of the Myocardial Infarction section.</i>
Athlete’s heart syndrome” section, it is mentioned that “increased left ventricular mass is a hallmark of AH” and that "cardiac magnetic resonance imaging can also provide accurate morphology assessment". However, the figure for this section (Figure 5) shows only LGE images. It would be desirable to also include MR images that demonstrate increased ventricular mass.	Thank you for your suggestion. We have added an AH CMRI image. <i>Please find the additional image in the Figures file - Figure 5 A.</i>
Except the manuscript ,there is no other files attached which are essential as per this indexed journal concerned.	Thank you for identifying this point. We have separated the figures and tables from the main manuscript and placed in separate Word and Powerpoint files.
I do not find whether author has	The images are either open-access or are originals which belong to the collection of our cardiac MRI specialists (Dr. J Otton, Dr.

sought permission from the other journals when sharing so many images	A Schuster).
Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company	Thank you for your suggestion. Having an English certificate & review by a professional English editing company was recommended in the context for those submitting papers, whom were not fluent in English (and that English was not their main language). The majority of our co-authors (all co-authors – including first/senior authors, with the exception of one co-author) are fluent in English, and educated in Australia (for their medical University degree) and are conjoint lecturers (affiliated with University of NSW). All co-authors have reviewed the manuscript for content and grammar, and we believe this is sufficient to have this ready for acceptance.