

## **Format for ANSWERING REVIEWERS**

**February 18, 2015**

**Dear Editor,**

**Please find enclosed the edited manuscript in Word format (file name: 12777-edited.doc).**

**Title: Ventricular repolarization markers for predicting malignant arrhythmias in clinical practice**

**Author: Yaniel Castro Torres, Raimundo Carmona Puerta, Richard E. Katholi**

**Name of Journal: World Journal of Clinical Cases**

**ESPS Manuscript NO: 12777**

**The manuscript has been improved according to the suggestions of reviewers:**

**1 Format has been updated**

**2 Revision has been made according to the suggestions of the reviewer**

### **Reviewer 00214305**

1-It has been added information on QT Variability Index (QTVI), QT/RR, Tp-e/RR slopes and the T wave alternans in the section of "Perspectives."

2-It was added information on JT interval and its correction by heart rate in the section of "Perspectives."

3-The authors did not find any article about the usefulness of J-Tp interval for the diagnosis of short QT syndrome. We think the data presented in the first version of the article on the utility of the ventricular repolarization markers and new added according reviewer suggestions are sufficient to complete the article's aims.

4-It was extended the information about the normal, borderline and abnormal QT values according to age in the section of "QT, QTc and QTd". We give the normal values of QT in adults and some considerations in children. Also it was further discussed the lowest normal QT interval in the section of "Short QT syndrome"

### **Reviewer 00225356**

#### **Major issues**

1-Really there was a mistake. The work proposes three early repolarization pattern subtypes and not four. It was fixed.

2-It was added a paragraph describing the possible limitation in the use of these markers.

3-It were corrected all wrong terms and grammatical errors.

### **Minor issues**

- 1-The Bazzet and Fridericia's formulas were expressed clearer.
  - 2-The short QT syndrome was described in a dedicated paragraph.
  - 3-It was supported the statement that SCD is higher in athletes than non-athletes with a reference.
  - 4-The figure has been fixed as it was proposed
- 3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*.



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