

## ANSWERING REVIEWERS

Dear Editor,

Thank you for allowing us to submit a revision of our manuscript entitled “Assessment of Stable Coronary Artery Disease by Cardiovascular Magnetic Resonance Imaging: current and emerging techniques” to World Journal of Cardiology. In the revision, we have considered all comments made by the reviewers. A formal response is included as part of the resubmission in this Word file.

**Name of journal:** *World Journal of Cardiology*

**ESPS manuscript NO:** 28784

**Title:** Assessment of stable coronary artery disease by cardiovascular magnetic resonance imaging: Current and emerging techniques

**Authors:** James Foley, Sven Plein, John Greenwood

### **Answers to reviewers comments:**

1. Citation style altered as requested. PMID for all references now added.
2. “Page 6, 2nd paragraph; This section is a discussion regarding stress perfusion CMR. So this paragraph should be moved to prognosis section. A reviewer suggested moving this paragraph to the prognosis section.”  
This paragraph reads “The multi-centre, multi-vendor MR-IMPACT II trial (n=515) also confirmed CMR’s superior sensitivity compared to SPECT (67% vs. 59%,  $p=0.024$ ) but with a lower specificity (61% vs. 72%,  $p=0.038$ )<sup>[22]</sup>; however unlike CE-MARC only the stress/rest perfusion component of the CMR protocol was analysed. CE-MARC included analysis of LGE for scar detection, cine imaging for regional ventricular function and magnetic resonance angiography (MRA) for coronary artery anatomy, and a subsequent sub-analysis of CE-MARC demonstrated the additive diagnostic accuracy of the summation of these components of the multi-parametric protocol<sup>[23]</sup>.”  
We have considered this carefully, but believe that the article is better structured for the general reader with it in its current location.
3. “Page 10, 3rd paragraph; The reason why CMR was superior at predicting time to MACE should be discussed.”  
This now reads “These findings likely reflect CMR’s overall greater diagnostic accuracy, combined with CMR’s higher spatial resolution enabling greater identification of subendocardial scar compared to SPECT<sup>[72]</sup>; a feature known to confer prognostic significance beyond ejection fraction, and clinical or angiographic features<sup>[73]</sup>.”
4. “Page 11, 3rd paragraph; TOE; the abbreviation should be spelled out.”  
This has been done.