

Dear the reviewers for the World Journal of Cardiology

We want to thank you for your extensive efforts you paid in going through our manuscript entitled (Chronic Ischemic Mitral Valve Regurgitation, Surgical Perspectives), and we valued your comments.

As per your comments:

Reviewer1:

- A. This is a nice review on chronic ischemic mitral valve regurgitation

*We want to thank you for this comment*

- B. The Major points: It would be helpful if the authors provide a comprehensive list of definitions of IMR as well as related citations. The authors need to list different criteria/guidelines for IMR definitions and also the pros and cons of each definition

*We refashioned the first paragraph in the definition section of the manuscript taking in consideration this important point, and clarified important aspects of the definition of ischemic mitral valve regurgitation that we think of importance to the readers, references were added also*

- C. The authors stated that “IMR is a significant clinical problem that may happen in 10-20% of patients with ischemic heart disease”. However, it is unclear under what population and what context. It would be helpful if the authors could provide a global overview of the burden of ischemic mitral valve regurgitation first, and then regional burden, as well as time trends

*We agree that this is an important point to consider, so we added global burden in addition to specific burden in patients with ischemic heart disease in the definition and burden section*

- D. The sentence “When patients are matched in their base line characteristics, those who have severe degree of IMR (ERO > 20 mm), are six time more liable to have heart failure compared to patients without IMR regardless of the symptomatology status, so detecting and quantifying IMR is highly crucial in planning treatment strategy following myocardial infarction.” This need a proper citation as well as providing details as to what are the baseline characteristics that have been matched, and RR with 95% confidence interval. Was this just from one study, or from multiple studies? What are the study population and study design?

*We added these details in the last paragraph of the definition and burden section as per your suggestion*

- E. The authors presented conflicting results from trials. However, they only listed 4 trials from 2012 to 2014. First, are these four trials comprehensive? Is there any other study that have been missed out? How about evidence from observational studies? It would be helpful if the authors could review the literature and provide evidence in a systemic and comprehensive way so that it gives the readers an overall view of the current evidence, what have known and where are the knowledge gaps

*Actually these are the only randomized controlled trials published till now addressing this issue, but they are since 2009-2014. We added also two observational studies (Aklog&Kang) to get more literature evidence and those were cited accordingly. Details on this point is in the body of the manuscript*

Minor Points:

Minor points: A comma is missing for the sentence under “Core tip”. A comma is missing or the sentence “A more recent conducted trial by Bouchard and colleagues (15) in 2014 demonstrated that hat there were no obvious clinical benefit of adding mitral valve intervention at the time of CABG after one year follow up despite the tempting value early in the post-operative period, however the major drawback of this trial is that it included only 31 patients in both cohorts” Extra space between the word “be” and “corrected” for the sentence “An increasing consensus among authors indicate that a severe form of IMR should be corrected, however surgical intervention with moderate forms of IMR at the time of coronary revascularization is still a matter of debate (3).” In the sentence “Secondary to Some other mitral valve pathologies may coexist with a previous history of myocardial infarction like rheumatic or myxomatous mitral valve disease,”, S should be not being capitalized for the word “some”.

*These were all taken in consideration and corrected in the revised manuscript*

Reviewer2:

Please pay careful attention to style and typology throughout the manuscript. Reference section should be in accordance with the requirement of the World Journal of Cardiology.

*Thank you for your comment, and the manuscript was revised according to the world journal of cardiology style*

Reviewer3:

This is an interesting mini-review about the surgical strategy for ischemic mitral valve regurgitation. This manuscript is nicely structured and well written. I have no question about this manuscript.

*Thank you for your comment and appreciating your input*

On behalf of the authors we want to thank you for giving your time to evaluate and review our manuscript and we hope that it will get your consideration.

Thank you

Sincerely,

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