

Format for ANSWERING REVIEWERS



November 16, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5363-edited).

Title: Myocardial ischemia is a key for management of stable coronary artery disease

Author: Kohichiro Iwasaki, MD

Name of Journal: *World Journal of Cardiology*

ESPS Manuscript NO: 5363

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

The next paragraph was added to the section of "Why coronary revascularization for patients with no or mild ischemia is associated with increased mortality?"

Myocardial infarction associated with PCI (periprocedural myocardial infarction) is classified as type 4a by Third universal definition of myocardial infarction [39]. Prevalence of periprocedural myocardial infarction is 7.3% to 17.9% by definition of CK-MB isoenzyme elevation > 3x upper limit of normal (ULN) and 15.0 to 44.2% by definition of cardiac troponin >ULN [40-46, 47-55]. The results of several studies suggested that any elevation in CK-MB was associated with reduced long-term survival and that there was a direct correlation between the magnitude of myonecrosis and mortality. Other studies have shown that only large myocardial infarctions were predictive of a poor long-term outcomes [40-46]. Similarly, some studies showed that the serum concentration of cardiac troponin was an independent predictor of survival, others did not [47-55]. However two recent meta-analyses concluded that an elevated cardiac troponin levels after PCI does provide prognostic information [56, 57]. Risk factors of periprocedural myocardial infarction are those which identify patients with increasing atherosclerotic disease burden, increased thrombotic risk, and with neurohormonal activation that predispose to either macrovascular complications (side branch occlusion or macroembolization) or microvascular obstruction (distal embolization of microparticles) [58].

3 References and typesetting were corrected

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

Sincerely yours,

Kohichiro Iwasaki

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