

## Format for ANSWERING REVIEWERS



February 18, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: aVR (hotline, WJC).docx).

**Title: Significance of lead aVR in acute coronary syndrome**

**Author: Akira Tamura**

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

**ESPS Manuscript NO: 8318**

The manuscript has been improved according to the suggestions of reviewers:  
The revised portions are described using **RED FONT**.

### **Reply to reviewer no. 00225260**

Comment:

In fig 1, it is not possible to see which vessel may be affected.

Response:

I have revised figure 1.

Comment:

Fig 2: this is just a copy from a textbook; please add more information

Response:

I have revised figure 2.

Comment:

One figure should summarize the data in the literature concerning alterations in aVR.

Response:

I have added a table on the prognostic significance of ST-segment elevation or depression in lead aVR in ASC (Table 2).

Comment:

Please add a table as a summary. Add scheme in order to explain the mechanism of aVR elevation/depression.

Response:

I have added a table on the mechanisms of ST-segment elevation or depression in lead aVR in ASC (Table 1).

Comment:

Page 4: last para: this should be reworded; the sentence is too long and complicated.

Response:

I have revised the paragraph (page 4, paragraph 2).

Comment:

Page 5-8: please reword in part; the author just summarizes the different papers and adds one summary to the other.

Response:

I have revised this part. The main purpose of this review article is to inform cardiologists about the current evidence on lead aVR in ACS. Therefore, I have summarized previous papers and added the current evidence to the end of each part.

**Reply to reviewer no. 0009616**

Comment:

It would be helpful if the authors can give some representative ECGs showing changes in aVR lead.

Response:

I have added electrocardiographic tracing in lead aVR to figure 1.

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

Sincerely yours,

Akira Tamura,  
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