

Format for ANSWERING REVIEWERS



March 28, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8571-review.doc).

Title: Non-invasive evaluation of arrhythmic risk in dilated cardiomyopathy: from imaging to electrocardiographic measures.

Author: Massimo Iacoviello, Francesco Monitillo

Name of Journal: *World Journal of Cardiology*

ESPS Manuscript NO: 8571

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

1 Format has been updated and English was revised by a mother-tongue reviewer.

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

(1) Review submitted on 2014-01-01. *This study questions the need for the placement of an ICD in every patient found to have a low LVEF. The data available indicates that in only 20 to 30% of patients receiving an ICD does it actually fire off. So could there be a more sensitive and specific modality that could direct the placement of an ICD only to those patients who will actually need it? The literature review the authors undertake is very complete and examines many different methods of assessment of the cardiovascular system to try and make the decision to place an ICD more specific to the patients who may really benefit from it. The review is extensive and a good reference paper however it does not come up with a solution. New prospective studies are recommended. However these studies are very difficult to perform as they potentially put a patient at risk for sudden cardiac death if they draw the non ICD arm of the study. Fortunately for most patients the placement of an ICD is low risk and provides established protection if needed. So this manuscript is an excellent academic exercise but the solutions maybe a long time coming.*

We thank the reviewer for his/her comments. We have summarized the clinical usefulness of diagnostic tools used to stratify arrhythmic risk in dilated cardiomyopathy patients. We have, further, underlined the difficulty to perform studies aimed to verify the ability of arrhythmic risk markers in selecting populations of patients who could benefit or not by ICD implantation. We added a para about the limitations of the alternative non invasive arrhythmic risk parameters.

(2) Review submitted on 2014-01-07. *Desite the topic is very interesting but; there is lot of careless, vague or unnecessary wording and spelling mistakes. The paragraphs are not clearly-structured. There is lot of repetition that makes the main idea to be vague with a lot of spelling mistakes. The authors failed to make the review as simple and understandable one as should be. There are many times where the full name were not given for the first appearance of the abbreviations.*

We are sorry about the comments of the reviewer who did not appreciate our work. We disagree with the comment about the structure and contents of the review. We apologize for the English mistakes that have been corrected.

(3) Review submitted on 2014-02-08. *Non-invasive assessment of risk for malignant arrhythmias is the subject of the current review article. The theme, which is of obvious clinical interest and has important practical applications is well presented and with the exception of minor language polishing I suggest its acceptance in "World Journal of Cardiology.*

We thank the reviewer for his/her positive comments. We apologize for the English mistakes that have been corrected .

(4) Review submitted on 2014-02-14: *This is an excellent review of the value of non-invasive arrhythmic risk stratification in patients with dilated cardiomyopathy. The manuscript elegantly summarizes the current state-of-the-art on this exciting topic. Apart from some necessary linguistic improvement, the manuscript is well written and advances present understanding on the selection of patients for ICD implantation.*

We thank the reviewer for his/her positive comments. We apologize for the English mistakes that have been corrected .

(5) Review submitted on 2014-02-16: *This review by Massimo Iacoviello et al critically revises the prognostic significance of the non-invasive diagnostic tools in order to better stratify the arrhythmic risk prognosis of dilated cardiomyopathy patients. The use of other non-invasive parameters reflecting functional or anatomical arrhythmic substrate (LGE), sympathetic nervous activity (HRT, SDNN, presence sympathetic denervation by MIBG) and the abnormalities in myocardial refractoriness (QT dynamicity/variability, MTWA) could be useful in order to better characterise both patients with reduced and preserved LVEF at higher risk of arrhythmic events. Although these parameters have been shown to be independently associated to events in several studies, their routinely use still remains limited due to the lack of randomised studies demonstrating their ability in selecting populations of patients who could benefit or not by ICD implantation. Future prospective studies should be aimed to cover this gap of evidence in order to justify the indication of these technique in the daily clinical practise. This is an interesting review for the clinical practice. Overall the report appears to be carefully examined and data adequately discussed. I have a few comments to make. 1) "NIDC" >>> "NIDCM" (page 3, line 7) 2) "therapy [12]" >>> "therapy [12]." (page 4, line 21) 3) "abnormality [38]" >>> "abnormality [38]." (page 8, line 7) 4) "observed that" >>> "observed that" (page 8, line 20) 5) "Ts is the slope" >>> "TS is the slope" (page 14, line 16) 6) "tone [97] In" >>> "tone [97] In" (page 16, line 15) 7) "these technique" >>> "these techniques" (page 19, line 11) 8) It might be better to shorten this "review" a little. 9) Which is the most useful non-invasive evaluation of arrhythmic risk in dilated cardiomyopathy?*

We thank the reviewer for his/her positive and detailed comment. We modified the text according to the suggestions as follows:

- 1) "NIDC" >>> "NIDCM" (page 3, line 7). It has been corrected.
- 2) "therapy [12]" >>> "therapy [12]." (page 4, line 21) It has been corrected.
- 3) "abnormality [38]" >>> "abnormality [38]." (page 8, line 7) It has been corrected.
- 4) "observed that" >>> "observed that" (page 8, line 20) It has been corrected.
- 5) "Ts is the slope" >>> "TS is the slope" (page 14, line 16) It has been corrected.
- 6) "tone [97] In" >>> "tone [97] In" (page 16, line 15) It has been corrected.
- 7) "these technique" >>> "these techniques" (page 19, line 11) It has been corrected.
- 8) It might be better to shorten this "review" a little.

We could shorten just a little bit. The text has been reduced around 500 words.

- 9) *Which is the most useful non-invasive evaluation of arrhythmic risk in dilated cardiomyopathy?*
We have not indicated a parameter which can be most useful, due to the limitations of the available studies. We have underlined these limitations by adding a paragraph before conclusions.

3 References and typesetting were corrected

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

Sincerely yours,
Massimo Iacoviello and Francesco Monitillo

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