Answers to reviewers' comments

This topic is actual and appropriately chosen because it addresses the need to support and integrate comprehensive CR delivery. However, several statements need to be strengthened and clarified according to the latest evidence in the field. Below are comments for consideration.

The abstract should have a more neutral tone without indications of specific studies; for a better flow of the text, consider omitting e.g.: Euroaspire V, and replace it in the main text.

We omitted the name of the specific study from the abstract and it is mentioned in the main text.

An essential first sentence focused on CR programs needs to be supported with reference. Eg.: https://pubmed.ncbi.nlm.nih.gov/33748226/

We have included a reference in the pivotal opening sentence concerning CR programs (it is now the reference nr 1).

Statement (…)"The overarching, long-term objectives of the CR program are …… alleviation of emotional stress and depression, among others[1-3]." (…) About the above statement and the CR safety para below, please clarify: Are unsupervised (home-based) CR programs safe? Many clinicians have concerns when prescribing an exercise in a home-based setting without direct supervision.

At the end of the section discussing the safety of cardiac rehabilitation and the underutilization of cardiac rehabilitation among eligible patients, whether in an outpatient or inpatient setting, we emphasized the safety of home-based CR models,

as indicated by the most recent meta-analysis (reference 9 was added). This research suggests that the home-based CR model can serve as an equivalent intervention approach for stable patients with cardiovascular disease (CVD), regardless of their risk levels for exercise-related cardiovascular complications.

Statement: (…)"Despite this, it remains a matter of concern that less than half of eligible patients are actually referred for cardiac rehabilitation, whether in an outpatient or inpatient setting. [1-2, 6-7]." (…) Consider expanding the focus on the other subgroups. E.g., Have women similar barriers to CR programs? Is it necessary to adjust/personalize delivery here as well? A current global study shows the need. For this latter point, see https://pubmed.ncbi.nlm.nih.gov/37747380/

The discussion continued regarding special subgroups, and a section on the rehabilitation of women was added with a suggested reference (now reference nr 17).

Statement (…)"], hybrid CR has gained prominence, proving to be a safe and efficient alternative to traditional rehabilitation care, offering numerous benefits for cardiovascular disease (CVD) patients" (…) Consider stressing the cost-effectiveness as a benefits of the hybrid CR approach. Also, consider briefly including the benefits of hybrid CR in comparison with supervised CR. The pandemic also shows a focus on alternatives. The current ESC "call for action" supports developing and integrating alternative digital forms, e.g., telerehabilitation, to provide comprehensive CR. For this latter point, see: https://pubmed.ncbi.nlm.nih.gov/32615796/

We briefly explained the advantages of hybrid cardiac rehabilitation (references 23, 24 and 25 have been included). The suggested link you mentioned previously already had a reference in our text. Additionally, we have emphasized and elaborated on the reference regarding EAPC recommendations.

The above suggestions could significantly expand the manuscript's impact on modern cardiology. Typos: -check in whole text abbreviation of cardiac rehabilitation versus CR - in first sentence is "and" doubled: (...)"Cardiac rehabilitation (CR) programs involve a comprehensive medical evaluation and and optimization of the" (...)

We have checked the abbreviation for cardiac rehabilitation throughout the entire text. We have also removed the duplicated 'and'.

Responses to reviewer comments

Comment: The paper highlights the role of comprehensive cardiac rehabilitation in the current Cardiology practice. They highlight that despite high quality evidence and recommendations supporting the same, these are grossly under-utilised in clinical practice. The review is brief and not written in a particular flow or order. I would like to see more subheading and a clear flow of ideas. An overall illustration and/or table summarising the most recent evidence will add to the manuscript quality.

As recommended, we have restructured the manuscript, incorporating subheadings and enhancing the organization to ensure better clarity. Additionally, a figure summarizing the role of comprehensive cardiac rehabilitation in modern medicine has been included.