

## ANSWERING REVIEWERS

**Subject: Revision of the manuscript “Role of Radionuclide Imaging for the Diagnosis of Cardiovascular Implantable Electronic Device and Prosthetic Valve Infections: From Clinical Trials to Practice Guidelines” (Number ID: 02669348; Manuscript No: 26733).**

Dear Editor,

We would like to thank you and the reviewers for their comments on our manuscript untitled “Role of Radionuclide Imaging for the Diagnosis of Cardiovascular Implantable Electronic Device and Prosthetic Valve Infections: From Clinical Trials to Practice Guidelines”.

We reviewed the comments of Reviewer #00227531, and modified the manuscript accordingly. Reviewers #00039411 and #00211908 had no specific comments. We are now submitting a revised manuscript. We now hope that this new version of the manuscript will be suitable for publication in your journal.

I included the Elsevier License Agreement for the Figure 2. I also received a non-exclusive permission from Oxford University Press to use Figure 6. However, in addition to have paid a fee, they have requested that the ESC figure can only be included on a view only basis and should not be available to download separately. They requested that the following line should appear on the same page as the ESC material: “reprinted by permission of Oxford University Press (UK) © European Society of Cardiology, [www.escardio.org/](http://www.escardio.org/). This image/content is not covered by the terms of the Creative Commons license of this publication. For permission to reuse, please contact the rights holder.” Otherwise, I will have to remove Figure 6 from our manuscript.

Finally, I did the modifications requested by the Editor, I added an audio core tip as requested, and I slightly modified the core tip in order to have an adequate audio core tip.

Thank you again.

Sincerely,

Jean-François Sarrazin, MD, FRCPC, FACC, FHRS  
Institut universitaire de cardiologie et pneumologie de Québec  
2725, chemin Sainte-Foy  
Québec, QC, Canada  
G1V 4G5

The authors would like to thank the reviewers for their comments.

**In response to reviewer #00227531:**

1. "Comment on radiation if follow-up requested":

**ANSWER:**

A comment on radiation exposure was added to the middle of page 17.

“Cardiac nuclear imaging is a source of radiation. Administration of approximately 200 MBq of <sup>18</sup>F-FDG for a PET study represents an effective dose between 3 and 4 mSv, which is similar to a low-dose CT. Then the total dose for a PET/CT would be approximately 7.5 mSv [36]. A follow-up study to monitor response to antibiotic therapy would increase radiation exposure. However, an initial PET scan combined to a low-dose CT and followed by a subsequent study would be equivalent to a percutaneous coronary intervention or an atrial fibrillation ablation procedure (approximately 15 mSv) [37].”

The following references were added on pages 25 and 26:

36. **Xia T**, Alessio AM, De Man B, Manjeshwar R, Asma E, Kinahan PE. Ultra-low dose CT attenuation correction for PET/CT. *Phys Med Biol* 2012; **57** (2):3 09-28 PMID 22156174 DOI: 10.1088/0031-9155/57/2/309.

37. **Picano E**, Vano E, Rehani MM, Cuocolo A, Mont L, Bodi V, Bar O, Maccia C, Pierard L, Sicari R, Plein S, Mahrholdt H, Lancellotti P, Knuuti J, Heidbuchel H, Di Mario C, Badano LP. The appropriate and justified use of medical radiation in cardiovascular imaging: a position document of the ESC Associations of Cardiovascular Imaging, Percutaneous Cardiovascular Interventions and Electrophysiology. *Eur Heart J* 2014; **35** (10): 665-72 PMID: 24401558 DOI: 10.1093/eurheartj/eh394.

2. "Ranges of radiation with PET/CT":

**ANSWER:**

The range of radiation can vary widely depending on the CT protocol used. It is estimated between 8 to 30 mSv, depending on the type of study performed. This was added in Table 1 on page 27.

## Response to the Journal Editor-in-Chief

**Second revision of the manuscript "Role of radionuclide imaging for diagnosis of device and prosthetic valve infections" (Manuscript No: 26733).**

Dear Editor,

We would like to thank you and the Journal Editor-in-Chief for the comments on our manuscript and for the acceptance of the manuscript.

We reviewed the comments and modified the manuscript accordingly. In the edited version, the red arrows from Figures 3, 4 and 5 seem to have moved. This will have to be verified in the final version of the manuscript. Otherwise, everything was adequate.

Sincerely,

Jean-François Sarrazin, MD, FRCPC, FACC, FHRS  
Institut universitaire de cardiologie et pneumologie de Québec  
2725, chemin Sainte-Foy  
Québec, QC, Canada  
G1V 4G5

The authors would like to thank the Journal Editor-in-Chief for his comments.

### In response to the Journal Editor-in-Chief:

1. "The only suggestion/request is where the authors mention just before technical aspects preparing the patient with Atkins diet. As not all readers know what this is, it should be specified more generically instead - e.g, low carbohydrate? Also is there a reference that can be provided for this recommendation?"

### **ANSWER:**

A brief explanation of the Atkins diet was added in the middle of page 8.

"For this reason, it is recommended to prepare the patient with the Atkins diet, which is a low-carbohydrate diet<sup>[15]</sup>."

The following reference was added on page 21:

15 **Coulden R**, Chung P, Sonnex E, Ibrahim Q, Maguire C, Abele J. Suppression of myocardial 18F-FDG uptake with a preparatory "Atkins-style" low-carbohydrate diet. *Eur Radiol* 2012; **22**: 2221-2228 [PMID: 22592807 DOI: 10.1007/s00330-012-2478-2]

Because of the addition of this new reference, we had to modify the numbering of the references in order to maintain their accuracy in the text, references and Table 2.