

Dear Company Editor in Chief, Science Editor and Editorial reviewers,

Thank you for taking the time to review our manuscript, entitled “**Expanding Utility of Cardiac Computed Tomography in Infective Endocarditis: A Contemporary Review**” for publication in the World Journal of Radiology and for your considered comments. We have addressed each comment separately below and we hope that the responses herein along with the changes we have made to the manuscript are to your satisfaction.

**Company editor-in-chief:**

General Comments: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Radiology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors.

***Specific Comment 1:***

Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author’s intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is ‘original’, the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.

**Authors Response:**

Thank you for your review of our article and comments. We have amended the figures so to adhere to the formatting style of your journal and changed the figure presentation. The figures are saved in a PowerPoint file and are fully adjustable. All figures are original and have had copyright information added.

***Specific Comment 2:***

Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and copyrights. For example, "Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]". And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable.

**Authors Response:**

We have edited the Tables to the formatting guidelines for your journal. We are not reusing a figure that has been published previously.

***Specific Comment 3:***

Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>

**Authors Response:**

Thank you for bringing this useful research tool to our attention. We have registered for the Reference Citation Analysis website, searched therein for the latest articles on this topic and updated our references accordingly.

**Science editor:**

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

**Authors Response:**

Thank you for your review of our article and comments. We have made amendments to the manuscript mainly related to formatting, word polishing and clarifying the use of the phrase 'cardiac CT', as detailed below.

**Reviewer No.1 Comments:**

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: authors aim to review the available evidence for the use of CCT in IE. This review article is well-organized and comprehensive. The reviewer suggests that it could be accepted for possible publication.

**Authors Response:**

Thank you for your review of our article and comments. We have adjusted the paper to the formatting style of the journal and performed further word polishing to improve the language quality.

**Reviewer No.2 Comments:**

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Describes the usefulness of imaging studies, especially contrast-enhanced computed tomography, in the diagnosis and treatment of infective endocarditis (IE). Although some of the images are informative, there are several issues:

***Comment No. 1.***

The use of contrast-enhanced computed tomography (CT) may enhance the diagnosis and evaluation of complications of IE, especially in prosthetic valves. A serious problem is that the review describes the usefulness of cardiac CT (CCT), which is a CT scan that evaluates the coronary arteries, usually synchronized with an electrocardiogram, and is useful only for preoperative evaluation of the coronary arteries and for reoperation in patients who have undergone CABG. In the case of other complications, especially

systemic embolization, a conventional contrast CT scan should be sufficient. The cases in which CCT is useful seem to be quite limited.

**Authors Response:**

Thank you for your review of our article and comments. In the first draft of our manuscript we did not state specifically what we meant by a 'cardiac CT' (CCT) thereby creating a misunderstanding as to what we were describing. A CCT as we use it is an umbrella term for any CT that is specifically looking at the cardiac structures which is ECG-gated and uses intravenous contrast. The reason for using this one term is that the protocols for different scans would vary between institutions. For example in assessing valvular IE a retrospective 4D CT would be used, with a different focus depending on the valve involved; a coronary CT which could be prospective or retrospectively gated, and a CABG study which would have a larger field of view for identifying existing grafts. All these scans would differ in their acquisitions and our grouping together was meant as a way to simplify the discussion by stating 'cardiac CT'. In assessing for the extra-cardiac manifestations of IE, these would be either seen in the field of view of the CCT in the case of the lungs or by expanding the field of view for the abdominal organs.

We have now harmonized the use of the term CCT throughout the paper and included a paragraph in the section on CT protocols to explain the use of this term. We thank you for bringing this to our attention and hope that these adjustments enhance the paper so the reader will be clear that we are using CCT as a general term and not describing a coronary CT.

**Comments No. 2:**

The numbering and description of references is not that of WJR. Please follow the submission rules of this journal.

**Authors Response:**

The manuscript's references are now in the formatting style of the journal.