

Response letter

Please find below the authors' response („point-to-point“) to all Editors' and reviewers' advises.

Editors' revisions

1. All suggested format changes have been accepted.
2. Institutional Review Board statement
The spelling has been changed as suggested. The Board's agreement has been uploaded as pdf-file.
3. Abstract, Aim
The abbreviation "MRI" has been completely spelled.
4. A core tip-Audio file has been uploaded.
5. The "Article highlights" section has been added.

Reviewer name: **Anonymous**

Major comments:

6. "Prediction of functional recovery"
We revised the wording: Within the abstract's Results section the term "prediction of functional recovery" has been changed to "functional improvement estimation, ie. expected improvement after revascularization". Also in the "Comparison and statistical analysis" section and in the Results, "estimation" was inserted instead of "prediction".
The reviewer is right in mentioning that this is not an observational study and we did not evaluate functional outcome. However, we think that our estimations are justified based on literature data that clearly show a close correlation between the transmural extent of LGE (<50% vs. >50%) and functional outcome. So, it is more than just the comparison with "prediction of viability in PET".
7. "overestimate"
The wording has been changed and clarified: "PET might overestimate the improvement of regional and global function after revascularization".

Minor comments:

8. Segmentation of each slice was used because data were available and we wanted to describe the extent of scar as subtle as possible. Using only the 17 AHA segments would have lead to fuzziness by creating more mean values.
9. Cohen's Kappa was added in the Methods and Results section.
10. Viability scores have been added in the legend of Fig. 2.

Reviewer name: **Muradiye Nacak**

No changes suggested