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We have revised the manuscript according to the suggestions of the reviewers and highlighted with yellow color the changes in the manuscript. Please find the details below:

Reviewer 1:

We thank reviewer 1 for the valuable suggestion.

In the discussion we have replaced the sentence

“For the arguments mentioned above we recommend that all patients with ICD placement and no absolute contraindication should pass an intra-operative SMT \geq 10J.”

with the following paragraph (line 266ff):

“On the other side, the HRS/EHRA/APHRS/SOLACE expert consensus statement on ICD programming and testing^[21] states with a Class IIa recommendation, “that it is reasonable to omit defibrillation testing in patients undergoing initial left pectoral transvenous ICD implantation procedures where appropriate sensing, pacing and impedance values with fluoroscopically well-positioned RV leads”. Furthermore, with a class IIa recommendation the expert consensus state “that defibrillation testing is reasonable in patients undergoing a right pectoral transvenous ICD implantation or ICD pulse generator changes”.

For the arguments mentioned above we recommend that a decision to perform intraoperative testing during ICD placement without absolute contraindication should be taken case-by-case. Our data suggest that

the intraoperative testing should be considered for patients who are younger, patients with non-CAD as underlying disease and VF as the index arrhythmia for secondary ICD indication. Furthermore patients with HCM, special conditions such as severe obesity, amiodarone use and right pectoral implants as well as pre-existing RIATA (SJM) leads should be considered to be tested intraoperatively."

Furthermore we have added the following point on line 324:

".... and the decision to perform or omit testing should be taken case-by-case."

Reviewer 3:

We thank reviewer 1 for the suggestions. However there must be a misunderstanding as we included no post-Fontan operation for ICD-implantation and no patient was post-Kawashima procedure and hepatic vein incorporation. There were no thrombosis after transvenous ICD-implantation.

We hope that you consider the revised manuscript for publication in the "World Journal of Cardiology"

Sincerely yours

Marc Alexander Ohlow