Author's response to reviews

Title: Magnetic Resonance Myocardial Perfusion Imaging in the diagnosis of functionally significant obstructive coronary artery disease. A systematic review protocol

Authors:

Rebabonye B Pharithi Dr (rpharithi@gmail.com)
Martinus Meela Dr (mathinase@gmail.com)
Michael Newell Dr (michael.newell@nuigalway.ie)

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To the Editor

Systematic Reviews Journal

Thank you for reviewing our paper entitled “Magnetic Resonance Myocardial Perfusion Imaging in the diagnosis of functionally significant obstructive coronary artery disease. A systematic review protocol”

For comments made by Reviewer 1: Mark Rogers regarding

1. Outcomes section: Regarding the reference of “diagnostic accuracy of CMR for detection of functionally significant obstructive CAD” separately from the diagnostic accuracy of CMR relative to FFR.

Correspond: The purpose of this systematic review is to compare CMR with FFR (which is considered as the “Gold” standard) in detection of functionally significant obstructive CAD and whether it can be used as an alternative to FFR. This is because FFR is invasive and it does not give any information about myocardial viability supplied by studied coronary artery. It also exposes patients to ionizing radiation just like myocardial perfusion imaging with computer tomography coronary angiography (CTCA) and single photon emission computed tomography (SPECT) which are also often used to assess the physiological significance of CAD in other cardiology centres. We have also decided to restrict our search to CMR in comparison to FFR because there is no evidence showing improvement of CMR diagnostic accuracy on addition of either SPECT or CTCA.

2. The reason for choosing the FFR thresholds of 0.75 and 0.80

Correspond: The two FFR cut-offs were used because they include the narrow “grey zone” (0.75-0.80) associated with inducible myocardial ischaemia with accuracy of ≤0.75 being above 90%. FFR cut off of ≤0.80 had widely been used in multivessel CAD since its introduction by FAME investigators. The two cut-offs are still used interchangeably by researchers at this different centres.
3. Regarding inconsistent or appropriate use of plurals and capitalization, abbreviations and occasional repetition of information

Correspond: We have also closely proof read the paper and made necessary changes where necessary.

EDITORIAL

Correspond: Authors have improved the citing of the additional file in the body of the manuscript and saved the documents as recommended by the editorial team.