Author’s response to reviews

Title: Predictors of cardiac arrhythmic events in non coronary artery disease patients

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Point by point summary of comments/corrections

We would like to thank the reviewers for their time spent on our paper and their in-depth critique. In view of the suggestions, we have altered our manuscript in order to reflect these changes. We have aimed to incorporate most alterations. Text changes in response to comments made by the reviewers are highlighted in yellow.
Reviewer #1: The present paper by Balla and colleagues deals with the current role of plasma and genetic biomarkers as predictors of sudden cardiac death. The topic is interesting and thoroughly reviewed by the authors.

I have only some minor comments:

Comment #1
- Background: the authors define sudden cardiac death as a "non-traumatic" event, yet they rightly consider commotio cordis as a potential cause of SCD. Please modify their definition of SCD accordingly.

Reply #1
We thank the reviewer for his comment. We modified the text removing the word “non-traumatic”

Modified text:
- background: page 3 line 3: Sudden cardiac death (SCD), defined as an unexpected fatal event

Comment #2
- Some sentences need proper references, such as:
  - Page 3, lines 29-36 ("...myocardial disease").
  - Page 4, line 2-7 ("...invasiveness").
  - Page 4, lines 8-15 ("...studies").
  - Page 5, lines 2-5 ("...the body").
  - Page 5, lines 22-28 ("...implantation").
  - Page 7, lines 52-60 ("...tissue levels").
  - Page 8, lines 1-3 ("...intervention").
  - Page 8, line 17 ("...diseases").
Reviewer #2: The article is very interesting and very well written.

The article covers in a very comprehensive way the complex context of biochemical markers in the prediction of sudden cardiac death in non-ischaemic heart disease; it provides essential information to understand the meaning of these markers and their potential use in clinical practice.

In particular, it is appropriately pointed out that even today laboratory tests are not able to provide an autonomous response in the identification of patients at risk; the information that these tests provide should always be integrated into the clinical context.

Comment #1

I suggest to change the sentence (background, lines 21-28)

"The first guilty in SCDs, despite progresses in percutaneous revascularization, remains myocardial ischemia. β-blocker therapy and implantable cardioverter defibrillators (ICD) are effective in decreasing SCD, particularly in patients with severe left ventricular impairment."

as it follows

The first cause of SCDs, despite progress in percutaneous revascularization, remains myocardial ischaemia. Beta-blocker therapy and implantable cardioverter defibrillators (ICDs) are effective in reducing SCD, particularly in patients with severe left ventricular dysfunction.

Reply #1

We thank the reviewer for his suggestion. We modified the sentence as suggested.