**Author’s response to reviews**

**Title:** Diagnosis of right bundle branch block: a concordance study

**Authors:**

Marina Alventosa-Zaidin (malvenza83@gmail.com)

Guillem Pera Blanco (gpera@idiapjgol.info)

Carme Roca Saumell (croca.bcn.ics@gencat.cat)

Nuria Mengual Miralles (nmengual@gmail.com)

Maria Victoria Zamora Sanchez (vzscadaques@gmail.com)

Teresa Gros Garcia (feliugros@gmail.com)

Laia Guix-Font (laiagf@yahoo.es)

Mencia Benitez Camps (alepben2010@gmail.com)

Jaume Francisco-Pascual (jfranciscopascual@gmail.com)

Josep Brugada (JBRUGADA@clinic.cat)

**Version:** 3  **Date:** 30 Nov 2018

**Author’s response to reviews:**

Yoav Michowitz (Reviewer 1): I wrote in my previous review, "It is not enough to report the interobserver agreement. The authors should review each ECG that caused disagreement and decide whether it shows RBBB, ICRBBB or none of these. This should be done by mutual decision of the 5 physicians that interpreted the ECG, or by different researchers. Then, the reasons for error in interpretation should be presented and discussed. This may teach the reader the pitfalls in ECG interpretation and how to achieve the correct diagnosis when facing ECG."

I still think that there is a methodological problem with the study design when it gives only the results of disagreement without any interpretation.

There is no "gold standard". Therefore there might be agreement on wrong conclusion by both sides (i.e. both the Cardiologist and family physicians may interpret the ECG as ICRBBB while truly there is no ICRBBB and so on). Also, in case of disagreement it is important to decide what should be the the "true interpretation" of the ECG.
Therefore, mutual decision of the 5 physicians or of a committee of different researchers on all 160 ECGs is important in my opinion.

Response: We attach a new manuscript where the ECGs that presented a diagnostic discordance (both cRBBB and iRBBB) between the five researchers (4 PC and the cardiologist) were reviewed by an expert cardiologist, who established the diagnosis and analysed the possible causes for the electrocardiographic misinterpretation.