Author’s response to reviews

Title: Magnetic Resonance Adenosine Perfusion Imaging as Gatekeeper of Invasive Coronary Intervention (MAGnet): study protocol for a randomized controlled trial

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Reviewer 1:

Thank you very much for your revision and response to my concerns. However, the study design still still needs some clarification: What will be the exact inclusion criteria? According to current ESC (and german) guidelines, only patients with intermediate pre-test probability AND a positive stress-test or patients with high pre-test probability would qualify for invasive coronary angiography. Thus, only patients fulfilling these criteria could be eligible for your study - these information must be clearly stated in the manuscript (pre-test probability, evidence for ischemia mandatory, etc.). Ultimately, I think it is important to set up a guideline-compliant study design instead of focussing on the undoubtedly still too high number of invasive coronary angiographies without a proper indication. This will be important for your results, since a study with a control group of not-indicated invasive angiographies will be vulnerable and difficult to publish.

Respond:

We thank the reviewer very much for his important comments. Furthermore, we definitely agree concerning the inclusion criteria: We plan to include stable CAD patients with class I or IIa
indication for coronary angiography (according to current guidelines), just as the reviewer stated. These patients will be randomized to either an invasive or CMR based management, as described. We regret that the description of our study protocol obviously was not clear enough to avoid confusion concerning this issue. The according section and study flow chart therefore were revised and expanded. We believe that by strictly following this protocol, it will be possible to evaluate ‘non-inferiority’ of the CMR based approach in comparison to a ‘guideline-compliant’ control group.

With regard to the endpoint ‘number of unplanned invasive procedures’: Solely invasive procedures that will not be indicated by the initial evaluation will be counted as ‘unplanned’. Therefore, initial diagnostic coronary angiography (and potential subsequent revascularization) will not be judged ‘unplanned’ for group I.