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OPEN PEER REVIEW

Investigation of the Clinical Efficacy of ^{99m}Tc-Sestamibi Washout in Patients with Acute Myocardial Infarction and Comparison with Stress Myocardial Imaging with ^{99m}Tc-Sestamibi Using a Two-Day Protocol

Mieko Ota, Fuminori Hyodo, Shinro Matsuo, Takashi Kato, Nobuyuki Kawai, Fumihiko Nakamura, Keita Fujimoto, Yo Kaneko, Hiroki Kato, Masayuki Matsuo

SUBMITTED	REVISED	ACCEPTED	DOI
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About this report

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More about open peer review: brieflands.com/knowledgebase/opr

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1 Original submission

1 comment · 31 Jan 2022

Editor-in-Chief

MINOR REVISION 31 Jan 2022

Dear authors,
Your article needs Minor Revision.
Regards

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

We thank the reviewers for careful reading of our manuscript and providing useful comments to improve our manuscript. According to the comments, we extensively revised our manuscript. We added some references and explanations that are blue color on the revised manuscript.

Reviewer 1:

Tissue attenuation effect on delayed images is more prominent. So some of these findings may be due to decay during time, less count rate on delayed rest images, and more prominent attenuation effect and defect size on delayed images (images with less count). It is a significant interfering factor & variable in the paper results.

Answer: Thank you for your suggestion. The dose for the subject (average body weight 64 kg ± 9) in this paper is 370 MBq. The accumulation of ^{99m}Tc-MIBI in normal myocardium is stable even after 3 hours according to the literature (1). In addition, when the accumulation in the myocardium of the subject was visually observed, it was confirmed that stable accumulation was obtained in all cases, and there were no cases in which the count that affected the diagnosis was poor in the delayed image. Therefore, it might be considered that the decrease in the collection count does not affect the diagnosis. However, we could not completely deny your point, so we will state that in the limitation. Thanks for the helpful comments.

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1. There is no information about the “standard of reference”. What are the results validated with?

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The important defect is small sample size that must be mentioned as limitation of the study.

Answer: Thank you for your suggestion. It should be mentioned that the sample size of 29 target cases is certainly small. I added the sentence as a limitation in the text.

2 Revision 1

0 comments

No public comments in this round.

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Editor

Please mention ethical code with the link address. If the web address (link) of ethical committee approval is not available, please upload official approval document ethics committee.

Answer: We have filled “Ethical Approval” and“Informed Consent” form and upload in the submission process.

Ethical Approval: Since it has been approved by the ethics committee of this hospital (approval number: 442), we will attach an ethics review approval form.

https://www.gifu-hp.jp/wp-content/uploads/442.pdf

Informed Consent: The implementation status of clinical research at this hospital is published on the website. This research has been approved and is in Japanese, but it is open to the public, so the link is shown.https://www.gifu-hp.jp/rinsyokenkyu

Regarding the importance of “conflict of interest” clarification, corresponding author should fill the “ICMJE form” form and upload in the submission process. (The form exists in “conflict of interest” section of the site:

Answer: We have filled “conflict of interest” form and upload in the submission process.

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2. TPD difference indicates the extent of “potentially salvageable areas of myocardium” whereas TPD wash-out indicates “unsalvageable areas of myocardium”.

a. What is the rationale for comparison between these two parameters”

Answer: We compared the two parameters, in order to identify the two parameters are the

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Answer: Thank you for your suggestion. It should be mentioned that the sample size of 29 target cases is certainly small. I added the sentence as a limitation in the text.

3 Revision 2

1 comment · 29 Mar 2022

Editor-in-Chief

MINOR REVISION 29 Mar 2022

Dear authors,
Before starting the review process for your article, it is necessary to clarify the following items:

Given the importance of clarifying “conflict of interest,” the corresponding author should fill out the “ICMJE form” and upload it during the submission process. (The form is available in the “conflict of interest” section of the site: https://brief.land/iranjradiol/knowledgebase/category/tree.html#conflicts_of_interest.html).

References 1-6, 9-12, 22, 24 are old. Please replace them with newer references.
Regards

4

Revision 3

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

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Dear Editor

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Answer: Thank you for your suggestion. It should be mentioned that the sample size of

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4 Revision 3

1 comment · 10 May 2022

Editor-in-Chief

MINOR REVISION 10 May 2022

Dear authors,
Your article needs Minor Revision.
Regards

5

Revision 4

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Editor

Thank you for your valuable comments. We have properly changed the references from old to new according to your advice.

1-the authors have mentioned in background: “…… in patients with acute myocardial infarction (AMI) after a successful percutaneous coronary intervention (PCI)…..”
It seems better when we write: “…….in patients with successful percutaneous coronary intervention (PCI) after an acute myocardial infarction (AMI) …….” If I am right, please apply this correction in all other similar parts in paper.

Reply : Thank you for pointing out.
We changed the sentence to "……in patients with successful percutaneous coronary intervention (PCI) after an acute myocardial infarction (AMI) ……" according to the advice.

2-in line 54, is the word “nuclides” correct?

Reply : Yes, the word “nuclides” is correct.

3-the authors mentioned: “201TlCl (Tl)” it seems the characters should be “I”. I think the authors wrote the number 1 [T1C1]. Please assess and correct this part. [line 44 and 47]
Reply : I think "201TlCl (Tl)" is correct. [T1C1] is a number, not 1 but l. The authors describe it as 201TlCl.

4-in line 79, the part: “for patients AMI” seems unclear. do you mean “for patients with AMI” or “for AMI patients”?

Reply : Thank you for pointing out.
We changed the sentence to "AMI patients" according to the advice

5-Please add full term of all abbreviations in abstract and full text separately. For

example, full term of MIBI has not been mentioned in paper. [99mTc-sestamibi (MIBI)]

Reply : Thank you for pointing out. According to your advice, we revised our manuscript. We added full term of all abbreviations in abstract and full text separately.

6-it seems in table 2, ±SD should be SD.

Reply : Thank you for pointing out.
We changed the word to "SD" according to the advice

7-it is better the authors add full term of abbreviations at the bottom of figures [used in the images]

Reply : Thank you for your advice. We added full term of abbreviations at the bottom of figures

Thank you for your many corrections. We are confident that you will be satisfied with this revision. Thank you.

5 Revision 4

1 comment · 21 May 2022

Editor-in-Chief

ACCEPT 21 May 2022

Dear authors,
Your article is acceptable for publication in IJR.
Regards