



SDI EDITORIAL COMMENTS FORM

EDITORIAL COMMENT'S on revised paper (if any)	Authors' response to editor's comments
<p>1. There are so many issues with the way this study has been conducted. I do not understand the rationale for performing cardiac MR in all these patients. Performing cardiac MR before CABG in all comers is not the standard of care. No information is provided on the patient demographics and whether all of these patients undergoing CABG had ischemic cardiomyopathy. It is a well-known fact that scar burden correlates with risk for ventricular arrhythmias irrespective of post-CABG status.</p>	<p>Thank you, sir/madam, for your valuable feedback, and here I will answer all your questions. 1-Cardiac MRI was not conducted to all the patients who underwent CABG from 2014 till end of 2022. As a retrospective study we gathered all the patients who had cardiac MRI study before CABG and within only 6 months before the surgery to be enrolled in our observational study. 2-I will add a table regarding the total cohort demographics in the manuscript. 3-Not all the patients had cardiomyopathy, and, in the manuscript, there is an ejection fraction calculation by cardiac MRI as a parameter of comparison between the groups. 4-It is a well-known fact that scar burden correlates with risk for ventricular arrhythmias irrespective of post-CABG status, so in our study we reached to the cutoff point where the arrhythmia started to appear postoperative. I really appreciate your concerns and all these weak points will to be avoided in a future study.</p>