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THE AUTHORS REPLY:



We thank Dr. Selvanayagam and colleagues for their valued comments on our paper, which investigated the prognostic value of clinical risk factors and a variety of cardiac imaging modalities in kidney transplantation candidates (1). Our study was designed to evaluate the diagnostic accuracy of noninvasive imaging techniques, coronary artery calcium score, coronary computed tomography angiography, and single-photon emission computed tomography compared with invasive coronary angiography (ICA). The cardiologist performing the ICA was blinded to the noninvasive imaging technique, and the stenosis severity was determined by blinded quantitative coronary angiography analysis (2). If a visually significant stenosis was present and accessible for revascularization at the ICA, the single-photon emission computed tomography results were unblinded for the cardiologist performing the ICA. Subsequently, all images were unblinded for clinicians. The study follow-up period was started after the ICA. We agree that this frequently used design has some limitations. First, the revascularization might have altered the patient prognosis according to both the noninvasive and invasive diagnostic tests results performed at baseline. However, a sensitivity analysis excluding revascularized patients (7 of 154 included patients) showed that exclusion did not alter our results. A second limitation is that clinicians might have altered medical treatment based on the noninvasive or invasive test results. We acknowledge that our study

does not allow registration of such changes and its impact on outcome.

We apologize for the missing units of the laboratory findings (Table 1) and can inform that all values are presented in SI units. The specified values and units are hemoglobin 7.3 ± 0.8 mmol/l, albumin 38.1 ± 5.0 g/l, calcium 1.2 ± 0.1 mmol/l, phosphate 1.6 ± 0.4 mmol/l, and C-reactive protein 5.8 ± 9.4 mg/l. Hence, hemoglobin is in line with other studies of kidney transplantation candidates. These units are added to the primary manuscript by the publisher.

Finally, Parnham et al. (3) highlight explorative data regarding the impact of kidney disease on blood oxygen level-dependent cardiac magnetic resonance assessing myocardial tissue oxygenation. We agree that these data are interesting and future studies should clarify the diagnostic accuracy and prognostic value in patients with kidney disease.

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