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Decision
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Prognosis of unrecognized myocardial infarction determined by electrocardiogram or cardiac magnetic resonance imaging: systematic review and meta-analysis

Dear Prof. Huang

Thank you for sending for your patience through this revision process. We thank you for submitting another revision to us, but we still are unable to reach a decision, because our statistician, Dr. Wade, still has some concerns (review below). While we carefully consider the comments of all reviewers, our statistical advisor comments are of paramount importance in guiding our decisions on acceptance. Thus, unless Dr Wade is satisfied that all issues have been addressed we will not be able to move forward with publication.

We hope very much that you will be willing and able to revise your paper as explained below in the report from the manuscript meeting, so that we will be in a better position to understand your study and decide whether the BMJ is the right journal for it. We are looking forward to reading the revised version and, we hope, reaching a decision.

When you return your revised manuscript, please note that The BMJ requires an ORCID ID for corresponding authors of all research articles. If you do not have an ORCID ID, registration is free and takes a matter of seconds.

Yours sincerely,

Timothy Feeney MD MS MPH
Associate Research Editor
The BMJ
tfeeney@bmj.com

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In your response please provide, point by point, your replies to the comments made by the reviewers and the editors, explaining how you have dealt with them in the paper.

** Comments from the external peer reviewers**

Reviewer: 1

Comments:
The abstract still states that studies were included if adjusted risk ratios were reported, yet for the majority the papers are said to give HR and these are combined.

The authors now give a reference for the treatment of the RR as a HR, yet this seems to not be supportive but against the decision! The authors have throughout this process treated the 2 measures interchangeably with all relevant edits being merely a change of

name, rather than any adjustment to the figures. The reference and provision of proper support for the action should be addressed. Note that this point is also important to support the estimation of absolute risk difference, which makes reference to Cochrane guidelines, presumably also assuming HR=RR.

That said, I think there are those who would argue that it is ok to use RR to approximate HR. However, the sensitivity analysis and results when removing this single study that presents a different statistic, should be detailed. In a previous response, the authors state that removal did not affect results, but details are not given in the paper. Inspection of figure 2 suggests that this study (van der Ende) is the second largest point estimate (2.90), and despite being more variable has the largest number of patients (sup table 3: n=152,124).

The HR(ci) given for UMI-CMR all cause mortality in the text (2.16 (1.39, 3.35)) differs from those in figure 4 (3.21(1.43, 7.23)).

Additional Questions:
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Please enter your name: Angie wade

Job Title: Professor of Medical Statistics

Institution: UCL Great Ormond Street Institute of Child Health

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

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