Dear Editor,

We have carefully evaluated the recommendations for revision and made the necessary changes according to the suggestions. Please find two versions attached: one with the tracked changes and another finalized version. We would be very grateful if our revised manuscript is accepted for publication. Thank you for your great help.

Comments by the committee:

Reviewer 2 comment:

4. Page 9, line 17, references are needed for the criteria of the quality assigned for the included studies.

Response: Two related references are added. Thank you.

Only one reference added, please clarify.

Response: Another reference was added (Ref 20). All the references were reordered. Thank you.

Reviewer 4 comments:

4. Results: There is no information on how the ECG interpretation and the CMR assessments were performed (visually? semi-automatically? Automatically?) and which criteria were used to diagnose MI with the two methods (Q-wave? subendocardial late gadolinium enhancement?). Please provide this information.

Response: Important comments The detailed definitions of UMI-ECG and UMI-CMR are described in the supplementary file 3 and file 6. To make the paper clearer to read, we also briefly summarized the definition criteria in included studies in the results.

11. Strengths and limitations: Page 20, last sentence states as a limitation that "UMI-ECG was defined with different criteria in included studies". These criteria should be described. (Also, see further, comment #5.)

Response: Thank you for these important suggestions. This is also raised by the second reviewer. The detail definition of UMI-ECG is described in the supplementary file 3. To make the paper clearer to read, we also briefly summarized the definition criteria in included studies in the results.

#Please consider adding a sentence in the UMI-ECG section of the methods highlighting that all reading mechanisms were considered and study specific data is in supplement 3.

Response: Thank you for the important suggestions. We have added the messages in the methods (Page 8 " All reading mechanisms (computerized automated or semi-automated process, visual inspection) for interpreting UMI-ECG were considered"and in the results (Page 12 "ECG interpretation methods (computerized process, visual inspection or combination of both) were presented in Online Supplementary File 3").

12. Conclusions: Page 21, 2nd sentence states "Screening for UMI is useful…" Such a firm conclusion cannot be drawn from the presented data.

Response: This conclusion is revised as "Screening for UMI may be useful…", also revised in the abstract. Thank you.

#Please consider adding an additional caveat that is may be useful among a certain group of patients… so " Screening for UMI may be useful among patients …"

Response: This sentence has been revised as "Screening for UMI may be useful for risk stratification among patients with a high risk of cardiovascular disease". Thank you.

Comments from Reviewers

Reviewer: 1 (Professor Wade)

Comments: The authors response to point 1, states that one study used OR, the rest HR and so to combine they present RR. A sensitivity analysis removes the single OR. Point 2 response states that all studies presented HR and to keep consistency with the primary analysis they present RR. It is not at all clear why the authors would take this approach rather than combining HR directly to give overall HR estimates, since this is given in all except one study whereas RR are not actually presented in any. RR are not identical to HR and any approximation should be noted and justified. In this case such approximation seems unnecessary.

Response: Thank you for the important suggestion. In the revision, we stated that "One included study reported adjusted ORs for all-cause mortality associated with UMI-ECG and were converted to RRs for meta-analysis, and all others studies reported the HRs for all evaluated events. Therefore, the risk of all-cause mortality

associated with UMI-ECG was reported as RRs, while all other pooled outcomes were reported as HRs". The presentations in the results, abstract and figures were revised accordingly. Thank you.

Other revisions: In the abstract, we made some minor revisions to contain the word count within 350 words.