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Response to Letter from Penela et al Regarding Article, “Standard Ablation Versus Magnetic Resonance Imaging-Guided Ablation in the Treatment of Ventricular Tachycardia”

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Catheter Ablation and Implantable Cardioverter-Defibrillator; Electrophysiology; Magnetic Resonance Imaging (MRI)

We thank Penela et al. for their comments and congratulate them for their achievements and unique work in the field. Starting in 2005, our group as well as others described the utility of cardiac magnetic resonance (CMR) for ventricular tachycardia (VT) substrate identification in the setting of structural heart disease,¹⁻³ and the utility of CMR as an adjunct for electroanatomical mapping during VT ablation.^{4,5} Penela et al. cite several distinctive manuscripts by their group that describe the technique and utility of CMR-scar integration for VT ablation. Notably, most did not include comparison groups without image integration.⁶⁻⁸ The most recent article cited in the Penela et al. letter does indeed compare acute and long-term follow-up outcomes of the 54 patients in whom the ablation was aided by CMR to outcomes of the remaining 105 patients.⁹ However, since it was published in

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August 2017, after the submission of our manuscript on June 27, 2017,¹⁰ neither us nor the reviewers could have known about the work. We admire the work from the Universitat de Barcelona Cardiovascular Institute and look forward to future advances and novel findings reported by their group.

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