

Response to reviewers comments

02669684	Conclusion: Accept (General priority) Scientific Quality: Grade C (Good) Language Quality: Grade B (Minor language polishing)	work is good and of interest.
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Thanks for your comments. We have completely rechecked the manuscript for language errors with the help of Native English speaker and have made appropriate corrections at multiple places

2577402	Conclusion: Major revision Scientific Quality: Grade C (Good) Language Quality: Grade C (A great deal of language polishing)	In this study, the authors investigated the CAC-DRS system in the strengths and limitations. Some problems existed. 1. The language needs to be improved because of some grammar, punctuation and spelling mistakes. 2. Abbreviations: When using an abbreviation, the full phrase should be given at the first time of use. Then, you can always use the abbreviation without mentioning the full phrase. However, the authors did not abide by this rule all the time. For example, what do CT, ACE, LM, LAD, LCX, RCA etc mean? Please give the full phrase at the first time of use. 3. Abstract: This part is too simple. Please add some more details. 4. What are the specific steps for CAC-DRS? How does it evaluate each item? What are the specific score and total score for this system? Please give some more details regarding this system because a lot of people are not familiar with it.
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All abbreviations have been expanded at the first instance

3. Abstract: This part is too simple. Please add some more details.

More details have been added now

4. What are the specific steps for CAC-DRS? How does it evaluate each item? What are the specific score and total score for this system? Please give some more details regarding this system because a lot of people are not familiar with it

We agree with the reviewers as this may look more complex for the non-cardiac radiologists. Hence we have added new details. Details regarding how CAC-DRS categories were created have been added as a new table (Table 1). Similarly individual and total scores and their risk categories have been added in the text



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JOURNAL EDITOR-IN-CHIEF (ASSOCIATE EDITOR) COMMENTS TO AUTHORS

This is a well-written minireview of CAC-DRS. Please make the following minor changes to the manuscript.

1. Introduction: Please rephrase the following statements. " Approximately 15.5 million persons \geq 20 years of age in the United States are having CAD as per 2016 Heart Disease and Stroke Statistics update of the American Heart Association (AHA)[2]. Every year nearly same numbers of people undergo diagnostic testing for suspected CAD." to " As per the 2016 Heart Disease and Stroke Statistics update of the American Heart Association (AHA), approximately 15.5 million persons \geq 20 years of age in the United States have CAD and a similar number of individuals undergo diagnostic testing for suspected CVD.

We have made these changes

2. Current status of CAC score: please add references to the following statement The prognostic value of CAC score for cardiovascular events and all-cause mortality was confirmed with large prospective studies of different populations and ethnicities. "

We have added 3 new appropriate references (11,12, 13)

3. There are still a few minor grammatical errors in the manuscript. Please review capitalizations and use of commas carefully.

We have performed extensive rechecking and corrected minor language errors (Track changes was used to show you the changes made)