

PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

Manuscript NO: 66147

Title: Intensive lipid-lowering therapy, time to think beyond LDL-c

Reviewer's code: 00505984

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Germany

Author's Country/Territory: United Kingdom

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Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The manuscript summarizes findings, described in various studies with lipid-lowering drugs, pointing to a differing efficacy of these drugs on outcome data in dependence on the vascular situation (especially polyvascular disease), CABG, diabetes, age, and the morphology of plaques. They recommend not to focus solely on the LDL-C levels when adding another drug to a statin. The interpretation of these findings by the authors sounds reasonable. Though some heterogeneity between the PCSK9i studies cannot be ignored. Economic aspects – the newer lipid-lowering drugs are more expensive – are also mentioned. In general, the reviewer accepts the argumentation of the authors – but more randomized controlled studies focusing on the major aspects of this manuscript are clearly needed. Another approach would be to take into account other risk factors, like VLDL remnants, lipoprotein(a), Cystatin C, C-reactive protein, and others in order to define groups of patients who need an additional lipid-lowering drug therapy. Minor comments Page 5 Line 8:) in patients with monovascular disease and LDL - c ≤ 100.25 – the dimension is missing after 100 References 21, 47, 51: volume and pages are lacking