



## 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

**Manuscript submission date:** 2021-03-22

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-03-25 03:02

**Reviewer performed review:** 2021-03-27 20:02

**Review time:** 2 Days and 17 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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  $\leq 100.25$  – the dimension is missing after 100 References 21, 47, 51: volume and pages are lacking