Reviewer #1:
Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: well written
Answer- Thank you!

Reviewer #2:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision
Specific Comments to Authors: It is a concise review but it did not include the whole aspects of the topic can be presented in more detailed way
Answer- Thank you! This is a letter to the editor, hence kept brief per journal requirements.

Reviewer #3:
Scientific Quality: Grade D (Fair)
Language Quality: Grade B (Minor language polishing)
Conclusion: Major revision
Specific Comments to Authors: The authors argue that decision-making regarding acute potentially fatal acute coronary syndromes is not ideally served by any particular scoring system, new or old. That is clearly correct. They also argue that the various scoring systems are not well geared towards resolution of differential diagnosis: that is also correct. For example, the ability of scoring systems to differentiate pulmonary embolus from AMI is probably near zero. I am very surprised that they do not address the now-familiar problem of acute chest pain due to crises of coronary artery spasm (CAS) which is now known to be a frequent occurrence, albeit very poorly diagnosed. Given that such patients are often women without much in the way of conventional coronary risk factors, that there are rarely diagnostic ECG changes and troponin levels (but not syndecan-1 levels) are usually normal, these patients will not be helped by any current scoring system.
Answer) Thank you for taking the time to read through and point this out, we have amended accordingly.

Furthermore, continuing the issue of chest pain in women, the current scoring systems will fail to distinguish conventional AMI from SCAD or TakoTsubo Syndrome. These are major limitations, in my view: it was once thought that all these conditions were rare, but they are quite common: just poorly diagnosed. If the authors wish to apply a sensible perspective to scoring systems in the face of prolonged, "cardiac-type" ches pain, perhaps they should not be perpetuating these large diagnostic gaps.
Answer) Thank you, we appreciate your subtle observations., we have amended accordingly.