

PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

Manuscript NO: 80267

Title: New scoring system for acute chest pain risk stratification: Is it worth SVEAT-ing it?

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00978063

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Australia

Author's Country/Territory: United States

Manuscript submission date: 2023-01-22

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-03-07 11:07

Reviewer performed review: 2023-03-07 11:28

Review time: 1 Hour

	[] Grade A: Excellent [] Grade B: Very good [] Grade C:
Scientific quality	Good
	[Y] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No scientific significance
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [Y] Yes [] No

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. 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.



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Reviewer's code: 04105454

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: United States

Manuscript submission date: 2023-01-22

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-03-07 16:45

Reviewer performed review: 2023-03-07 18:04

Review time: 1 Hour

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It is a concise review but it did not include the whole aspects of the topic can be presented in more detailed way



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Reviewer's code: 05142913

Position: Peer Reviewer

Academic degree: Doctor, MBBS

Professional title: Doctor

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: United States

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Review time: 1 Hour

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SPECIFIC COMMENTS TO AUTHORS

well written