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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 26520

Title: Relationship between coronary calcium score and high-risk plaque/significant stenosis

Reviewer's code: 00233953

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2016-05-26 10:34

Date reviewed: 2016-05-27 04:38

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Interesting data Comment #1: consider adding: Coronary artery calcium scoring, what is answered and what questions remain. Youssef G, Budoff MJ. Cardiovasc Diagn Ther. 2012 Jun;2(2):94-105.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 26520

Title: Relationship between coronary calcium score and high-risk plaque/significant stenosis

Reviewer's code: 00211908

Reviewer's country: Netherlands

Science editor: Fang-Fang Ji

Date sent for review: 2016-05-26 10:34

Date reviewed: 2016-05-28 15:48

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors are congratulated with their work on coronary calcium score in patients without known coronary artery disease.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 26520

Title: Relationship between coronary calcium score and high-risk plaque/significant stenosis

Reviewer's code: 00504181

Reviewer's country: Greece

Science editor: Fang-Fang Ji

Date sent for review: 2016-05-26 10:34

Date reviewed: 2016-05-31 14:51

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This study examined the relationship between coronary calcium score on one hand, and vulnerable plaque and significant stenosis on the other, using coronary computed tomographic angiography. The authors found a stepwise-curve for the risk of coronary events with increasing CCS, caused by increasing prevalence of significant stenosis. Although not novel, the findings of the study add to present understanding on the value of coronary calcium score in the assessment of the risk for acute coronary syndromes in asymptomatic individuals. Moreover, this study may stir fruitful discussions towards clarifying some current misconceptions. The methodology used in the submitted work is pertinent and the results are presented with clarity. Overall, the manuscript is well written and easy to follow by the average reader.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 26520

Title: Relationship between coronary calcium score and high-risk plaque/significant stenosis

Reviewer's code: 00214240

Reviewer's country: Belgium

Science editor: Fang-Fang Ji

Date sent for review: 2016-05-26 10:34

Date reviewed: 2016-06-02 17:17

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Very nice and interesting study , well performed Adding to our knowledge on progression of coronary artery disease and extending the use of CCTA in evaluation of CAD The objective of investigating the relationship between CCS and vulnerable plaque /significant stenosis using CCTA is clearly demonstrated However the hypothesis that significant stenosis and vulnerable plaque are associated with increased events as CCS increases, is not demonstrated The reason is obvious the low numbers of patients and the short follow-up, well documented as limitations in this report. Minor comments How were pts recruited? Consecutive patients? How do we explain the observation that there is a negative correlation between increasing LDL cholesterol and increasing CCS?

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 26520

Title: Relationship between coronary calcium score and high-risk plaque/significant stenosis

Reviewer's code: 00507108

Reviewer's country: Israel

Science editor: Fang-Fang Ji

Date sent for review: 2016-05-26 10:34

Date reviewed: 2016-06-10 00:12

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This interesting study has as it's hypothesis that the more calcium in the artery the more significant stenosis and vulnerable plaque would be present and therefore more coronary events.. The Authors investigated this relationship using CCTA which alas, is not good at showing up vulnerable plaques because they are not usually calcified. The authors do not give reasons why the patients were referred for CCTA. High risk CCS was defined as being >400. The exclusions are clearly stated. High risk plaque is also well defined. The results show that there was a poor correlation between their definition of high risk plaque and CCS but a good correlation between CCS and significant stenosis. The authors identify the problem with the study in that there was only one cardiac death and 5 myocardial infarctions. Thus there are too few events to suggest that their definition of vulnerable or high risk plaques are valid. The fact that significant stenosis was associated with more revascularisation is a self fulfilling prophesy I presume, as these patients are the ones who would be referred for angiograms? Was there a relationship between high risk plaque and significant stenosis? I presume not and therefore I am not sure what information the addition of high risk plaque to



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significant stenosis gives? This should be explained. The authors might consider discussing the difficulties in diagnosing high risk plaques with CCTA when no calcium is present and discussing the indications for going on to angiogram after CCTA. The evidence for the definition of high risk plaque might also be discussed as this paper suggests that the risk is very small. In particular, I think that including revascularisation in the definition of MACE is misleading and the conclusion of the study seems to me to be that the higher the calcium score the more stenosis and the more likely the patient will be to go on to have an angiogram. Thus the discussion should be refocused and the conclusion altered