

Format for ANSWERING REVIEWERS



February 4, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8437-review.doc).

Title: Coronary plaque imaging by coronary CT angiography

Author: Akira Sato

Name of Journal: *World Journal of Radiology*

ESPS Manuscript NO: 8437-edited

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Reply to reviewer #00106145

- 1. Please add a new section on the potential advantages of dual-source CT technology in the evaluation of patients with CAD and update the manuscript with recent literature.**

We agree with the reviewer's comments. According to the reviewer's suggestion, we added a new section on the potential advantages of dual-source CT technology. (Page 2, line 25- Page 3, line 12)

2. Coronary CTA and MPI:

- 1. Please add a small section on the possible role of FDG-PET especially in relationship of serum inflammatory biomarkers with plaque inflammation assessed by FDG PET/CT.**

According to the reviewer's suggestion, we added a small section on the possible role of FDG-PET, especially in relationship of serum inflammatory biomarkers with plaque inflammation assessed by FDG PET/CT. (Page 8, line 13-23) We also cited the paper; "the dal-PLAQUE study. Duivenvoorden R, Mani V, Woodward M, Kallend D, Suchankova G, Fuster V, Rudd JH, Tawakol A, Farkouh ME, Fayad ZA. JACC Cardiovasc Imaging. 2013."

- 2. The following sentence may be re-proposed in the conclusion adding an important message to both radiologists and cardiologists readers "in low-to-intermediate likelihood patients, CTA may well be the best initial test due to its high NPV; however, in intermediate-to-high probability patients, CTA's low PPV may result in unnecessary radiation exposure, and stress nuclear MPI might be a better first-line test".**

We agree with the reviewer's comments. According to the reviewer's suggestion, we re-proposed the following sentence in the conclusion adding an important message to both radiologists and cardiologists readers. " In low-to-intermediate likelihood patients, CTA may well be the best initial test due to its high NPV; however, in intermediate-to-high probability patients, CTA's low PPV may result in unnecessary radiation exposure, and stress nuclear MPI might be a better first-line test". (Page 10, line 9-12)

3. Prognosis: Please add this ref. to your list and in the same paragraph.

We agreed with the reviewer's comments. So we stated that " Recent article by Hadamitsky et al. (ref 58) add new data on CCTA that predict both death and myocardial infarction as well as need for subsequent revascularizations out to 5 years. CCTA imaging may be a valuable tool in the assessment of long-term prognosis in patients with suspected CAD." (Page 9, line 19 - 22)

(2) Reply to reviewer #00106145

Possibly, the inclusion of a summary or table with the respective state-of-art pros & cons of MDCT and arteriography would further strengthen the manuscript.

We agree with the reviewer's comments. According to the reviewer's suggestion, we added the inclusion of a table with the respective state-of-art pros & cons of MDCT and arteriography in table 1.

(3) Reply to reviewer #00106145

1. Please include a Table comparing various imaging modalities for analysis of coronary plaque.

We agree with the reviewer's comments. According to the reviewer's suggestion, we added a Table comparing various imaging modalities for analysis of coronary plaque, especially vulnerable plaque. (Table 3)

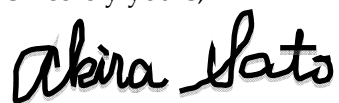
2. Please include a Table summarizing various studies reporting analysis of coronary plaque by CT.

Thank you for your important suggestion. As pointed out by the reviewer, we included a Table summarizing various studies reporting analysis of coronary plaque by CT. (Table 2)

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Radiology*.

Sincerely yours,

A handwritten signature in black ink that reads "Akira Sato". The signature is written in a cursive, flowing style.

Akira Sato, MD

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