

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)

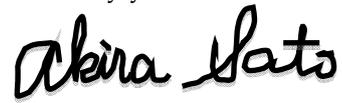
2. Please include a Table summarizing various studies reporting analysis of coronary plaque by CT.

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

Cardiovascular Division, Faculty of Medicine

University of Tsukuba

1-1-1 Tennodai, Tsukuba, Ibaraki, Japan

Fax: +81-29-853-3143

E-mail: asato@md.tsukuba.ac.jp