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Dear Editor,

Thank you for the reviewer comments regarding our *invited* manuscript titled, "Impact of Cardiologist Intervention on Guideline-Directed Use of Statin Therapy" written by Manouchkathe Cassagnol, Ofek Hai, Shaqeel Sherali, Kyla D'Angelo, David Bass, Roman Zeltser, and Amgad N. Makaryus. We have revised the manuscript according to the suggestions (please see the outline of revisions below). We believe that this revision has improved this manuscript substantially, and hope that it will be received in a favorable manner.

All authors listed on the manuscript have contributed sufficiently to the project to be included as authors, and have read and approved the manuscript. This work has not been previously published, and is not currently under review elsewhere. There are no conflicts of interest with regard to this paper to any of the authors. Please address any correspondence to me at the address below. Should you need to contact me by telephone, my work telephone number is 516-296-4983. My fax number is 516-572-3172.

LIST OF REVISIONS AND RESPONSES in bold/italic (highlighted in yellow in paper):

1. Patients are seen in an Internal Medicine clinic but the authors conclude that statin therapy is appropriately managed by a "general practitioner". I think GP refers more to family medicine practitioners, I would say that the comparison is between cardiologists and general internists.

Response: Changes were made, as suggested

2. The other major issue I have is the use of the word adherence. For example, in the Abstract, the authors state that they "aimed to examine the impact of cardiologist intervention on adherence to GDST in the ambulatory setting" This makes it sound like they are evaluating patient adherence but the authors are comparing prescribing patterns of a generalist clinic to a specialist clinic. The language needs to be clarified throughout the manuscript so that this is clearer. The title nicely reflects the goal of the study. Consider replacing 'adherence' with 'use of'. Another example is in the Discussion on page 7, "adherence to GDST in patients seen by general practitioners tended to be lower...". This could be rephrased as "adherence to GDST by GPs tended to be lower..."

Response: Revised throughout the document as suggested

3. Include SD of patient age in Abstract

Response: Added

4. Please clarify how patients seen by both IMC and CC were categorized. The sentence on page 4, "visit data was recorded if the referenced lipid panel was shared by IMC visit" is not clear.

Response: Clarified, removed sentence for clarity as it did not significantly alter the description of the methodology

5. On pages 4-5, the assignment of adherent vs. non-adherent and high intensity vs. moderate intensity could be clearer.

Response: Made change for clarity, as suggested

6. In Table 2, should all of the 211 patients seen in the IMC and 57 patients seen in the CC clinic have been on statins? i.e. is the denominator correct?

Response: Made correction.

(1) Science Editor: 1 Scientific quality: The manuscript describes a retrospective cohort study of the impact of cardiologist intervention on guideline-directed use of statin therapy. The topic is within the scope of the WJC. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: The authors examined the impact of cardiologist intervention (compared to a general internist) on statin therapy in an outpatient setting, and they found that more patients seeing a cardiologist were prescribed a statin but appropriate intensity of the prescribed statin did not differ between groups. However, some questions raised by the reviewer need to be answered; and (3) Format: There are 2 tables. A total of 15 references are cited, including 3 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade A. The authors are from United States. However, the reviewer stated that the language needs to be clarified throughout the manuscript. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the signed Copyright License Agreement, and the Institutional Review Board Approval Form. The Conflict-of-Interest Disclosure Form and STROBE Statement are not qualified. Written informed consent was waived. No academic misconduct was found in the CrossCheck detection and Bing search. 4 Supplementary comments: This is an invited manuscript. The topic has not previously been published in the WJC. 5

Issues raised:

(1) The "Author Contributions" section is missing. Please provide the author contributions;

Response: Added

(2) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.

Response: added "Core tip section" as per guidelines for retrospective cohort studies, published on publisher website.

6 Re-Review: Required. 7 Recommendation: Conditional acceptance.

(2) Editorial Office Director: I have checked the comments written by the science editor.

The authors should provide the STROBE checklist with detailed pages/lines.

Response: Added

(3) Company Editor-in-Chief: I have reviewed the Peer-Review Report and the full text of the manuscript, of which have met the basic publishing requirements, and the manuscript is conditionally accepted with major revision. Before final acceptance, the authors need to meet ethics requirement by submitting correct documents.

Response: Corrected Documents Added

Many thanks in advance for your consideration.

Sincerely,



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