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Journal Name:	**Cardiology and Angiology: An International Journal**
Manuscript Number:	**Ms_CA_19495**
Title of the Manuscript:	**Role of Hs-CRP and Exercise Stress Echocardiography in Cardiovascular Risk Stratification of Asymptomatic Type 2 Diabetic Patients**
Type of the Article	**Original Research Article**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, provided the manuscript is scientifically robust and technically sound.
To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Compulsory REVISION comments	This paper is NOT testing the validity of hsCRP in detecting CAD, but in predicting a positive exercise stress test result. The paper does not take into account the two false positive echo results, and as angiography is not performed on the total study population, false-negative echo results are not available. Sensitivity and specificity of hsCRP have been confused: sensitivity should be 53.8 %, etc.. Is there an explanation for the low sensitivity relative to literature data? Throughout, apparent differences between groups should be called/treated/discussed as being different ONLY when statistically significant. For example, (line 98) the prevalence of a positive exercise stress echocardiogram is not different between females and males (by chi-square). In addition, statistical tests of differences should consider multiple testing by taking a much lower p-value as cut-off. Hs-CRP levels in this study population seem extremely high and suggests infection rather than chronic systemic inflammation. The data taken from ref.35 are incorrectly cited. That hsCRP and exercise stress echo can be used as a screening tool ….is already obvious from the literature and not a proper conclusion of this study. What is the value of hsCRP screening relative to the echo test, and is there any added value of the hsCRP test to the echo test in risk assessment of asymptomatic diabetics?	

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	The discussion is a comprehensive but rather boring summing up of all literature data. Please discuss literature data more concisely, and try to draw conclusions from the comparison of own data with literature	
Minor REVISION comments	As hsCRP is measured in blood samples, this test is not really non-invasive (line 22). What is meant by 'basal metabolic index' (line 62)? Please explain abbreviations H/O, F/H, F/H/O, EF2 and WMSI2 in tables 1 to 4. Are data in the tables mean±SD or SEM? In tables 3 and 4, please discriminate between prevalence of microalbuminuria, and urinary albumin excretion (mg/24h) If one finds the association with strict glycaemic control HbA1c<7% important enough to be mentioned in the abstract (line 21), please then also specify number of patients with HbA1c<7% in table 4. Refs. 14, 35 and 39 are not correct or incomplete	
Optional/General comments		

Reviewer Details:

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