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SDI FINAL EVALUATION FORM 1.1

PART 1:

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**

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	**Authors' response to final evaluator's comments**
The manuscript has improved, in particularly, the discussion part. Unfortunately, not all my criticisms have been dealt with appropriately, and new issues have arisen. 1. abstract, line 17: sensitivity of hsCRP *in detecting CAD* should be replaced by sensitivity of hsCRP *in predicting* a *positive exercise stress echocardiography*. By calculating the sensitivity and specificity, the authors have used the data of all patients with a positive stress-echo, and did NOT exclude the two patients with the false positive stress-echo. Throughout the text, CAD should read positive exercise stress echo, not CAD. 2. hs-CRP levels are usually expressed as mg/L, not mg/dL! A cutoff of 3 mg/L, not 3 mg/dL is normally used to discriminate high from intermediate CVD risk. Values of 1-4 mg/dL are considered to indicate mild inflammation. So please check data on hs-CRP for the proper units in Tables 3 and 4, and add the proper unit in the abstract, lines 17 and 18, and where hs CRP levels are mentioned in the text. 3. Table 5 cannot be right, as only 73 patients were included in the study whereas numbers add up to 90. 4. Throughout, the authors keep on calling parameters different where they are not, i.e. not significantly different. Please correct this in the lines 108, 109, 112, 113, 116, 181, 187, 189, 191.	

Reviewer Details:

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