



SDI Review Form 1.6

Journal Name:	Cardiology and Angiology: An International Journal
Manuscript Number:	Ms_CA_35807
Title of the Manuscript:	Carotid intima-media thickness and risk of cardiovascular disease among healthy adult volunteers in north eastern Nigeria
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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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	Provide a better rationale for the study in the abstract. Better conclusion. Is there a value CIMT that is used to define disease? Increased or high doesn't really provide the reader useful information. Better summary of data to emphasize important findings in the abstract. That the women were older and may be peri-menopausal influences the results and should be commented on. Was smoking history collected? What is meant by not eligible for Framingham assessment? CRP measured? Was the reading of CIMT gated to EKG? What is the rationale for the breakdown of values in Table 3? Perhaps a graph or two would help to convey the key findings and show the distribution of age and maybe cholesterol between the men and women if different symbols were used. The American Heart Association has argued that CIMT does not add anything to assessment of risk. Perhaps revise the Discussion to put the controversy in perspective. Yes, the values for CIMT in this group seem higher than in other populations. Is the prevalence of MI or stroke higher than in other parts of the world too or has it increased in recent years. Some implications are warranted.	The background changed to highlight paucity of data on CIMT. Cut-off value defined Important findings adequately captured. Comment on menopause deemed unwarranted since CIMT did not differ despite disparity in age Smokers were excluded (highlighted in methods). Many of the participants were younger than 30. Age as a factor in Framingham score starts from 30 thereby excluding the younger participants. CIMT wasn't ECG gated Table three provides a comparison of CIMT based on cut-off points for the various risk factors contained in the table. May be true. Not necessary ESC feels it has a place, especially in the setting of intermediate risk category It is well documented that atherosclerotic CVD is increasing in developing countries. The thrust of our work is to highlight the need for defining what the cut-off point for CIMT should be for the blacks.
Minor REVISION comments	Check grammar Please replace the word "subject" with "participant".	Effectuated



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Optional/General comments	There are many numbers presented in the text that make it difficult to read. Try to simplify the presentation of the results regarding regions, associations and try to better represent the distribution of values between the men and women, especially as the women are about twice as old as the men.	
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