

Article information: <https://dx.doi.org/10.21037/jlpm-22-70>

Reviewer Comments

COMMENT 1.

Based on the manuscript, it appears that remnant cholesterol (RC) can be either directly measured or calculated. The authors mention direct measurement (via Denta Seiken) and point out that this assay is not available for clinical use. Thus, a fair assumption is that the majority of data on RC is derived from calculated values for which multiple equations have been used. A table summarizing the studies on RC, which method of RC determination was used (if a calculated method was used, please list the equation), and the study findings would be useful for readers.

REPLY 1.

The suggested Table has been included in the revised version of the manuscript; see also the sentence added at the end of page 4 of the text highlighted in red.

COMMENT 2

The manuscript needs to be edited for word choice, sentence structure, and conciseness to improve readability. There are several statements that were difficult to understand and distracting from content (including, but not limited to, lines 60-62, 121-125, 103-105).

REPLY 2.

Errors in lines 60-62 and 121-125 have been corrected. We did not correct lines 103-105 as we found no problem in them. The whole manuscript has been revised and English edition has been performed.

COMMENT 3.

In current format, the manuscript is simply reporting the findings from various studies. It would be beneficial to readership for the authors to form/share an opinion on the utility of RC based on all of the studies reviewed, as well as provide recommendations on what additional investigations are needed to better define the utility of RC.

REPLY 3: We respectfully disagree. Most of our thinking to this respect was concentrated in the last part of the text, in “conclusion”. We have added to this subtitle “and perspectives” to reinforce the visibility of this aspect. Also, we have added some concretion (in red) to aid readers to distinguish between the different options being considered at this time.

COMMENT 4: Although calculated RC may be advantageous from a cost perspective, it is likely to be a highly imprecise estimate (imprecision is additive so the %CV of calculated RC would be at least as imprecise as the measurements needed for its calculation (i.e. TC, HDL, TG)). Suggest including this as a limitation.

REPLY 4: Done

COMMENT 5: Does calculated RC require fasting? It's quite difficult to get some populations to

fast (e.g. kids, expectant mothers, diabetics, etc), and many labs no longer require fasting to screen for hyperlipidemia. If RC calculation requires fasting, is the added information it provides worth requiring a 8-12 fast prior to blood collection?

REPLY 5:

The suggested Table included in the revised version of the manuscript informs of the fasting period of the participants of each study (see also the end of pages 4 and 9, and beginning of page 10).