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OPEN PEER REVIEW

The Association Between Serum Testosterone Levels and Coronary Artery Disease in Men

Ali Soleimany, Hadise Kavandi, Naser Khalili, Ata Abbasi, Mohsen Ghaderi, Esmaeil Abasi, Reza Hajizadeh

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

More about open peer review: brieflands.com/knowledgebase/opr

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1 Original submission

1 comment · 26 Jul 2021

Associate Editor

MINOR REVISION 26 Jul 2021

1- The paper uses a sound scientific method, but the subject is not novel, and there are already many papers regarding this subject with much more subject data.
2- There are two important review papers in this regard, and the authors need to include them in their references.
"Testosterone and the Cardiovascular System: A Comprehensive Review of the Clinical Literature
Peyman Mesbah Oskui, William J. French, Michael J. Herring, Guy S. Mayeda, Steven Burstein, and Robert A. Kloner
Originally published15 Nov 2013https://doi.org/10.1161/JAHA.113.000272Journal of the American Heart Association. ;2:e000272"
"Testosterone and Cardiovascular Disease
Authors:Kloner RA, Carson C, Dobs A, Kopecky S, Mohler ER III.Citation:Testosterone and Cardiovascular Disease. J Am Coll Cardiol 2016;67:545-557."

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Responses to dear reviewers

Dear professor

Thanks a lot for finishing the review of our article. We read valuable comments of dear reviewers and responded one by one as below:

Reviewer 1:
In the present study the authors have tried to find a correlation between Severity of CAD and serum testosterone level.
The study sound scientific but needs some modifications:
1- The authors should explain that why they have chosen Gensini score and not more validated scores such as SYNTAX. Thanks for this comment. As you know Gensini score is valid for research purposes and its validity was suitable for our research. Also in reference 18 conclusion part we see that'' The SYNTAX and Gensini score in combination with clinical variables could be used to predict the cardiovascular prognosis during a long-term follow-up of up to 8 years in CAD patients.''
2- They should add explanation about how Gensini score is measured and interpreted .It was added
3- Several factor such as medications like aldosterone antagonist can influence the level of testosterone. How these effect have been addressed in the study. Thanks for this valuable comment we explained that Only new onset heart failure cases who were not on aldosterone antagonist were included in our study.

Associate Editor 1:
1- The paper is of sound scientific method but the subject is not novel and there are already many papers regarding this subject with many more subject data

Thanks for this comment. Also there are some studies evaluating the association between serum testosterone and Gensini score but association between free testosterone, SHBG and testosterone and coronary artery disease is not well evaluation and there is controversy between studies which is discussed in discussion part.
2- There are two important review papers in this regard and the authors need to include them in their references
"Testosterone and the Cardiovascular System: A Comprehensive Review of the Clinical Literature
Peyman Mesbah Oskui, William J. French, Michael J. Herring, Guy S. Mayeda, Steven Burstein, and Robert A. Kloner
Originally published15 Nov 2013https://doi.org/10.1161/JAHA.113.000272Journal of the American Heart Association. ;2:e000272"
"Testosterone and Cardiovascular Disease
Authors:Kloner RA, Carson C, Dobs A, Kopecky S, Mohler ER
III.Citation:Testosterone and Cardiovascular Disease. J Am Coll Cardiol 2016;67:545-557."

These articles added to references

2 Revision 1

1 comment · 27 Oct 2021

Associate Editor

MINOR REVISION 27 Oct 2021

The issues raised in the previous review have been addressed.
The quality of the English is still not acceptable for publication.

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear professor

We read the valuable comments of dear reviewers and tried to do our best:

Associate Editor 1:
The issues in previous reviewing have been addressed.
The English language is still not of acceptable quality to be published

Thank you for reviewing our article. English revision was done by a native English editor
Associate Editor 2: Thanks for reviewing this manuscript
1. In the abstract, report AUC with exact P-value. It was done
2. For sample size calculation, justify sample size using appropriate formula and information based on the main analysis (ROC analysis).It was added to methods part highlighted with green
3. How about time and location of the study? We added this information
4. All patients were matched according to conventional cardiovascular risk factors including DM, HTN, hypercholesterolemia and smoking? Using which method of matching? Describe more. It was done
5. There was no information about the ROC analysis. How the optimum cut-point was determined? Based on which criteria? We added ROC curve information to methods part
6. Remove Table 2. Sample size is very low for regression modeling. The main data of this research is presented in table 2, we added your valuable comment in limitations of study.

3 Revision 2

0 comments

No public comments in this round.

4

Revision 3

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Editors of Shiraz E Medical journal

Hi

Thank you for revising our manuscript and for your kind guidance. We tried to do our best in this revision and we explained the matching method and significant parameters in ROC curve analysis:

Associate Editor 1:
1. In the abstract, report AUC and more quantitative results. Also ROC is true. It was done
2. For sample size calculation, justify sample size using appropriate formula and information based on the main analysis (ROC analysis). It was done
3. All patients were matched according to conventional cardiovascular risk factors including DM, HTN, hypercholesterolemia and smoking? Using which method of matching? Describe more. It was done
4. There was no information about the ROC analysis. How the optimum cut-point was determined? Based on which criteria? It was done
5. Remove Table 2. Sample size is very low for regression modeling. It was corrected
Associate Editor 2:
The authors have addressed some of the the issues All issues were corrcted
The English language needs further revision before publication. Second native English revision was done

4 Revision 3

1 comment · 1 May 2022

Editor-in-Chief

ACCEPT 1 May 2022

Accept