THE ANATOLIAN JOURNAL OF CARDIOLOGY

Official journal of the TURKISH SOCIETY OF CARDIOLOGY

Reply to the Letter to the Editor: "Remarkable Indices in Predicting Atherosclerotic Cardiovascular Disease"

LETTER TO THE EDITOR
REPLY

To the Editors,

We thank the readers[1] of the letter for their interest in our study (Triglyceride-Glucose Index and the Risk of Calcific Aortic Valve Stenosis: A Bidirectional Mendelian Randomization Study) and their constructive comments on the role of metabolic indices in cardiovascular risk stratification.[1,2] We appreciate the opportunity to respond and further discuss the integration of novel biomarkers in atherosclerotic cardiovascular disease (ASCVD) prediction.

We agree that traditional risk factors, while foundational, may not fully capture the complex metabolic and anthropometric contributors to ASCVD. The readers rightly highlight the potential of combined indices such as TyG-BRI and BRITSH in refining risk assessment, particularly in specific patient subgroups like those with subclinical hypothyroidism or elderly STEMI patients. Their pilot data suggesting the utility of BRITSH in hypothyroid patients and TyG-BRI in octogenarian STEMI are noteworthy and align with the growing interest in multimodal risk evaluation.[3,4]

In our own work, we have observed that the triglyceride-glucose (TyG) index—while commonly linked to insulin resistance and adverse outcomes—may exhibit context-dependent associations, as seen in certain heart failure phenotypes.[1] This reinforces the readers' point that biomarkers should be interpreted within specific pathophysiological and clinical contexts. The integration of metabolic (TyG), anthropometric (BRI), and endocrine (TSH) markers represents a logical step toward more personalized risk prediction.[5]

We also support the notion that composite indices could help overcome limitations of traditional measures such as body mass index, especially in capturing visceral adiposity and its metabolic consequences. The referenced studies, including those on CRP-TyG and TyG-BRI, underscore the additive prognostic value of combining routinely available parameters.[4,6]

However, we wish to emphasize the importance of external validation and prospective confirmation before these indices are widely adopted in clinical practice. Variability in population characteristics, comorbidities, and treatments may influence their generalizability. Furthermore, as the authors note, future studies should explore whether such indices improve hard clinical endpoints beyond existing risk scores.

In conclusion, we commend the authors for their contribution to the evolving discourse on ASCVD risk prediction. Their proposed integrated approach—bridging metabolism, body composition, and endocrine function—holds promise for enhancing risk stratification and guiding tailored prevention strategies.

We look forward to further research in this area and thank the editors for facilitating this scholarly exchange.

Xuecheng Song[1,2]
Xinghong Lin[1]
Xin Xu[1]
Yongming He[1]

[1]*Department of Cardiology, The First Affiliated Hospital of Soochow University, Suzhou City, China*
[2]*Department of Cardiology, The Third People's Hospital of Bengbu, Bengbu City, China*

Corresponding author:
Yongming He
✉ heyongming@suda.edu.cn

Available Online Date: May 11, 2026

Cite this article as: Song X, Lin X, Xu X, He Y. Reply to the letter to the editor: "Remarkable indices in predicting atherosclerotic cardiovascular disease". *Anatol J Cardiol.* 2026;30(7):482-483.

DOI: 10.14744/AnatolJCardiol.2026.6181

Copyright@Author(s) - Available online at anatoljcardiol.com.
Content of this journal is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

Declaration of Interests: The authors have no conflicts of interest to declare.

Funding: The authors declare that this study received no financial support.

REFERENCES

1. Kaya Ç, Gürdoğan M. Remarkable indices in predicting atherosclerotic cardiovascular disease. *Anatol J Cardiol*. 2026;30(7):479-481.
2. Song X, Lin X, Xu X, He Y. Triglyceride-glucose index and the risk of calcific aortic valve stenosis: a bidirectional Mendelian randomization study. *Anatol J Cardiol*. 2025;30(2):100-108. [CrossRef]
3. Alrahimi J, Ahmed FA, Atar D. The interplay of atherothrombotic factors and the evolving landscape of atherosclerotic cardiovascular disease: comprehensive insights from recent studies. *Anatol J Cardiol*. 2024;28(8):375-380. [CrossRef]
4. Kaya Ç, Ebik M, Kardaş F, Gürdoğan M, Altay S. Prognostic impact of TyG-BRI index on in-hospital mortality in elderly-octogenarian patients with ST-elevation myocardial infarction. *Postgrad Med*. 2025;137(8):830-838. [CrossRef]
5. Kaya Ç, Altay S, Kayıkçıoğlu M. Integrating thyroid function with body composition: the BRITSH ratio and cardiovascular risk - A pilot study. *Anatol J Cardiol*. 2025;30(3):157-164. [CrossRef]
6. Kaya Ç, Öztürk C. Prognostic value of the CRP-TyG index for in-hospital and 1-year mortality in patients with decompensated heart failure. *BMC Cardiovasc Disord*. 2026;26(1):65. [CrossRef]