

Comments to the Author

I have read this manuscript with great interest. This review article aimed to summarise the current knowledge on extracellular vesicles in OSA, particularly their function in linking OSA with CVD.

Comments:

- OSA can lead to coronary artery plaques in patients without obvious cardiac symptoms. This suggest that the OSA-related burden on cardiovascular health is higher than suggested by this review. Please, cite studies investigating this with imaging techniques such as coronary CT angiography.
- I was surprised that the authors cited exclusively their own articles in the paragraph dealing with EVs in OSA. Please add and discuss the following papers (Bikov et al. Sleep and Breathing 2017, Maruyama et al. J Atheroscl and Thromb 2012, Tual-Chalot et al. Biochim et Biophys 2014, Yun et al. J Clin Neur 2010, Ayers et al. Eur Respir J 2009, Geiser et al. Respiration 2002, Priou et al. Am J Path 2010, Akinnusi et al. AJRCCM 2009, Ayers et al. Respiration 2013).
- In the introduction the authors conclude that circadian rhythm disruption is an important component of OSA. Articles investigated the diurnal and evening to morning differences in circulating microvesicles should be cited and discussed (Bikov et al. Sleep and Breathing 2017, Trzepizur et al. Eur Resp J 2011, Geiser et al. Respiration 2002).
- The authors discuss that CPAP does not reduce CVD mortality. Yet, it is interesting that the effect of CPAP on EVs are not discussed. Please see and discuss the relevant articles (Maruyama et al. J Atheroscl and Thromb 2012, Yun et al. J Clin Neur 2010, Bikov et al. Sleep and Breathing 2017, Ayers et al. Respiration 2013).
- Page 12. Line 40. OHS. Did you mean obesity hypoventilation syndrome? OHS abbreviation is usually used for this disease which often coincides with OSA.
- Figure 1. Please explain HPA.