Reviewers' Comments:   
  
Reviewer #2   
**Comment:** Since the cycle of NHANES conducted in 2017-2018 was included in the current dataset, patients with stage 1 hypertension and high risk may have initiated antihypertensive treatment following 2017 ACC/AHA guideline. These patients were classified into antihypertensive groups instead of stage 1 hypertension. Underestimation of ASCVD risk in stage 1 hypertension should be noticed.

**Response.** I think this is true, although it probably didn’t happen much. I think we could consider adding this sentence to limitations: “NHANES participants in 2017-2018 with stage 1 hypertension and high ASCVD risk may have initiated antihypertensive treatment following the 2017 ACC/AHA guideline. These patients were classified into antihypertensive groups instead of stage 1 hypertension, which may have caused underestimation of 10-year predicted ASCVD risk among US adults with stage 1 hypertension.”  
  
Reviewer #3   
**Comment**. This reviewer would ask for a commentary that the trials used to form the 2017 report all had >15% CV risk and not 10 which was derived. Would argue that if 15% was used even more people would be at lower risk. The authors should comment about this.

**Response:** The ACC/AHA guideline recommends 10% risk be used as a cut-off and this paper is focused on whether risk should be computed explicitly versus assumed to be >10% in select subgroups. The comment is interesting but I don’t think we need to add any text to the paper.