Author's response to reviews

Title: A Retrospective Cohort Study of the Potency of Lipid-lowering Therapy and Race-gender Differences in LDL Cholesterol Control

Authors:

Barbara J Turner (turner@uthscsa.edu)
Christopher S Hollenbeak (chollenbeak@psu.edu)
Mark Weiner (mark.weiner@uphs.upenn.edu)
Simon SK Tang (simon.tang@pfizer.com)

Version: 5 Date: 25 July 2011

Author's response to reviews: see over
July 25, 11

Tim Shipley, PhD
Executive Editor
BMC-series Journals
BioMed Central
Floor 6, 236 Gray's Inn Road
London, WC1X 8HL

RE: MS: 1732988266475576

Dear Dr Shipley:

We are pleased to resubmit our article **A Retrospective Cohort Study of the Potency of Lipid-lowering Therapy and Race-gender Differences in LDL Cholesterol Control to BMC Cardiovascular Disorders**, to BMC Cardiovascular Disorders. We have revised the manuscript to address the issues raised by the reviewers. Below we give a point-by-point description of how we addressed the reviewers’ suggestions.

As we mentioned before, this article has not been published or submitted to any other journal and represents an original contribution by all 4 authors. We presented an earlier version of the manuscript as a presentation at the 2009 SGIM Annual Meeting. The project was funded by Pfizer, Inc through a grant to the University of Pennsylvania with a focus on studying factors that can affect quality of care for cardiovascular risk reduction for minorities and women. This project has produced related but entirely different publications about hypertensive and lipid-lowering therapy in your Journal as well as the Annals of Internal Medicine, the American Journal of Managed Care, and the American Journal of Hypertension. The paper clearly states all conflicts of interest. In the past three years, Dr. Turner has served as a consultant to the Betty Ford Foundation and had several grants funded by the Robert Wood Johnson Foundation. She is now an employee of the University of Texas. Dr. Weiner was supported by Pfizer for this research project. Dr. Hollenbeak was a consultant to this project that was supported by Pfizer, Inc., and is also a consultant on another grant regarding smoking cessation supported by Pfizer, Inc. Mr Tang is a full time employee of Pfizer, Inc and has stock in the company.

All the authors have made substantial contributions to this manuscript including conceptualization of the project, analysis of the data (except for Mr. Tang), drafting of the paper, and final approval.

Sincerely yours,

Christopher S. Hollenbeak, PhD
Reviewer 1

Minor essential revisions

Page 6: mm/dl should be mg/dl,

*This has been changed.*

Page 6: LDL goal <130 not <129

*This has been changed.*

Table 2: is the far right column adjusted for all variables listed under LDL management? If so the column is mislabeled. If not, then I don’t see the results adjusted for these covariates.

*We agree that the far right column is not labeled appropriately. These results were adjusted for all variables in the second to last column plus the LDL management variables. We have relabeled the column and hope this is now clear.*

Reviewer 2

I reviewed the responses to the reviewer’s question about drug potency weighting. I cannot figure out where their weighting came from. I looked at their references and some other sources with particular attention to the claimed potency of atorvastatin (they did have some Pfizer sponsorship after all). The relative potencies do not seem accurate. 80 mg of atorvastatin is approximately 150-175% as potent as 10 mg, not 300% as potent as they have indicated. Rosuvastatin 40mg is not 2.5x as potent as 5mg. These numbers I give here are those stated in their own cited references. I appreciate that this information is hard to obtain but it would be as stronger paper if the tested potencies were consistent with what published information there is out there. It would be helpful to clearly indicate which references these numbers came from. These changes may not make much of a difference in their outcomes but are probably worth doing. 

*We agree with the reviewer that our potency weights were inaccurate on for higher doses. In fact, our code had left out some information about potency in our references that we had overlooked. We appreciate the reviewer forcing us to reconsider this. We have now recoded the potency and it has blunted the effects, as seen in the completely revised Appendix Table 1. The most potency statin (rosuvastatin 60mg) now carries a potency weight of 1.67 instead of 3.00 as it did in the previous version. This is obviously much more realistic. Also, as the reviewer suspected, the basic results did not change as a result of the refinement of the potency values.*