Author's response to reviews

Title: Prevalence of peripheral arterial disease in subjects with moderate cardiovascular risk: Italian results from the PANDORA study

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Author's response to reviews: see over
Professor Melissa Norton,
Editor-in-Chief
BMC Cardiovascular Disorders

25th August 2011

Dear Professor Norton,

Re: MS: 2120219544542481

Thank you for your letter dated 13th August, 2011, regarding the above manuscript entitled “Prevalence of peripheral arterial disease in subjects with moderate cardiovascular risk: Italian results from the PANDORA study”.

We would like to thank the editor and reviewers for their critical reading of the manuscript and their helpful comments. Our point-by-point response to these comments is listed below. Also attached is the revised manuscript. Each change made to the manuscript is detailed in the response. We hope that as an effect of the changes made and of the explanations provided, our paper may now merit publication. If you, or the reviewers, require further elaboration on any points, we would be happy to provide this.

The manuscript, or part of it, neither has been published nor is currently under consideration for publication by any other journal. I declare that the co-authors and I have read the manuscript and approved its publication in BMC Cardiovascular Disorders.

Thank you again for considering this revised manuscript. I look forward to hearing from you.

Yours sincerely,

Dr Guido Sanna
We thank the reviewers for their thorough assessment of our manuscript, and for the appreciative remarks. We answer the various comments as follows:

Response to Reviewer #2 (Dr David P Brasil)

1) Discretionary suggestion: In the section “discussion” (page 11). Consider shortening the paragraph as it follows: “Subjects without symptoms of the lower limbs and overt CV disease who at risk of PAD, including those less than 50 years with diabetes and one additional risk factor (smoking, dyslipidemia, hypertension, or hyperhomocysteinemia), or aged 50 to 69 with a history of smoking or diabetes, or aged 70 and older need to be further screened for PAD as highlighted in the PARTNERS study [19].”

This paragraph in the Discussion has now been shortened accordingly (page 11, final paragraph).

2) Minor revision: In the section “discussion” (page 12). “…the National Health and Nutrition Examination Survey (NHANES)”

3) Discretionary suggestion: In the section “discussion” (page 12). “Previous data reported from the National Health and Nutrition Examination Study (NHANES; 1999-2004) showed a 3% prevalence of low ABI in the low or intermediate risk population [38].”

Perhaps the reference below might further enrich the authors’ discussion. I would recommend the following reading. In 2007 Sumner et al. published an interesting meeting abstract in a supplement of Circulation, indicating that the prevalence of PAD is consistently increasing in asymptomatic adults in the US population as well. The raising prevalence ranged 3.7 to 4.6% (p= 0.001) over a six year time period (NHANES 1999-2004). Please have a look at website: http://circ.ahajournals.org/cgi/content/meeting_abstract/116/16_MeetingAbstracts/II_780

Sumner AD; Eid S; Parks A; Edris B; Reed, III JF. Increasing prevalence of peripheral artery disease in the United States: results from the National Health and Nutrition Examination Survey (1999-2004). Circulation 2007;116:II_780.

The Discussion has now been modified to include this new reference (page 12, lines 16-19).

4) Discretionary suggestion: In the section “discussion” (page 12).

“These results indicate a lack of clarity (?) with regards to the overall role of cholesterol and dyslipidemia as risk factors in the pathogenesis of PAD, corroborating findings from a previous studies [25, 39].”

I would suggest the authors to refer to the section of “dyslipidemia” in the TASC II guidelines for additional inputs on hyperlipidemias as risk factors for PAD (6).

After careful consideration, to improve clarity, we have decided to omit the sentence “These results indicate a lack of clarity (?) with regards to the overall role of cholesterol and dyslipidemia as risk factors in the pathogenesis of PAD, corroborating findings from a previous studies [25, 39].” from the manuscript. This sentence was previously highlighted in the first review and we feel that it disrupts the flow of the Discussion on statin treatment, while not adding any substantial information. The TASC II guidelines have previously been referred to in the manuscript (reference 6).