Author’s response to reviews

Title: Red cell distribution width is associated with long-term prognosis in patients with stable coronary artery disease

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Author’s response to reviews: see over
To: Timothy Shipley Executive Editor of BMC Cardiovascular Disorders

Dear Sir

We are submitting the revised version of the manuscript. We have implemented all of the reviewers suggestions. Changes are indicated in red font in the attached manuscript.

In general we have:

- Calculated Harrels C statistics
- Provided Reclassification measures
- Given initial number of analyzed patients
- Provided detailed information about number of patients excluded.

As we have also asked Prof. Mirota for statistical review of the manuscript we have changed acknowledgment section of the article.

We hope that you will find this article suitable for publication in BMC Cardiovascular Disorders.

Sincerely,
Tadeusz Osadnik, MD, PhD
For all the authors

To Reviewers:

Dear Sirs

Thank you for revising our manuscript. We have implemented all of your suggestions; changes are indicated in red in the attached manuscript.

Reviewer No 1

Major Comments

1 Please consider using the following statistical tests in order to further our understanding of the subject: IDI and NRI
Thank you for this remark we have used IDI and NRI calculated with survIDINRI R package.

2 It is not clear from the introduction what is novel in your study. You cite 2 other studies that evaluated similar patients and have a similar large cohort. Please let the reader understand what is new in your manuscript. We have added suitable explanation in introduction section and at the end of manuscript in the section Strength’s and Limitation of the study. Thanks to implementing your previous remark we were first able to address the question of improvement of RDW in risk prediction in patients with stable CAD.

3 Page 4 (methods)—How many patients were excluded? We have added the information on this subject.

4 Please remove table 4. Add the data in the text.

We have removed the table.

5 It is not clear what value of RDW was used in table 5. Is it the highest quartile compared to the lower one? To the other 3 quartiles? Please elaborate in the text and in the table.

It was continuous we have changed heading of table 5 (now 4) accordingly and added information in text.

6 ROC analysis is not used with Cox regression. You should consider using Harrell’s C or other similar tests.

You are right. We have removed figure 2 and in the revised version we have used Harrel’c C statistic. (Hmisc package R – project)

Minor Comments

1 Please review the statistical analysis section. There is a mix-up in the signs used to define the borders of each group.

We have corrected it.

2 There is a lack of consistency. In the abstract you write that you checked subgroups according to kidney disease while in the statistical analysis you do not.

We have added the appropriate sentence in the methods section.

3 Please add RDW values in tables 1-3 below the name of each group.

We have added it.

Reviewer No 2

Major Compulsory Revisions
None.

**Minor Essential Revisions**

1. In the abstract section the number of patients included in the study should be presented. Correct double % in line 16.

   We have made changes accordingly

2. Background should be reviewed and rephrased (it seems there is a sentence missing after the third sentence).

   We have changed it slightly

3. In the methods it should be presented how many patients were excluded from analysis from the initial overall population. The final population is 2550 patients.

   We have provided the relevant information

4. In the discussion section: Some of the findings correlate with other studies. Namely the association of RDW with PAD and CKD among ACS patients. The article from Nabais et al, Rev Port Cardiol 2009; 28 (9): 905-924 should, in my opinion be cited.

   We have cited the article in introduction and discussion section