Author's response to reviews

Title: Stable phase post-MI patients have elevated VEGF levels correlated with inflammation markers, but not with atherosclerotic burden.

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Version: 4 Date: 27 October 2014

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POINT-TO-POINT REPLY TO THE REVIEWER’S COMMENTS

REVIEWER 1

1. Please explain in detail ethical requirement, patient inclusion criteria for given study.

The inclusion and exclusion criteria have already been described in the Patients and methods section, in the Study population paragraph. Several of the listed parameters were employed as inclusion and as exclusion criteria (please see the text). In regard to the ethical issue, all details have again already been presented in the original manuscript (please see the text – the last two sentences in the Study population paragraph on page 6). Thus (as already written), all patients were informed about the study and all gave their informed consent. The study was approved by the State Ethics Committee of Slovenia.

2. It would be better if author would explain in detail the effect of VEGF, angiogenin and inflammatory molecules in patients and controls at the time of trial performance in result section

Please note that we have already presented and described all results in regard to VEGF, angiogenin and inflammatory molecules in both patients and controls at the time of the trial performance. We found (as already explained in the Results section, paragraph: “VEGF, angiogenin and inflammatory molecules in patients and controls at the time of the trial performance” on page 11) that patients had significantly higher levels of VEGF, IL-6 and hsCRP in comparison to the controls, whereas there were no differences in angiogenin levels between patients and the controls. All results are presented in Figure 1 and Table 2 and we believe that all results have been appropriately presented in their entirety. On the other hand, our discussion comprehensively focuses on the issue at hand and is thus (expectedly) at the core of our Discussion.

3. In discussion section, author should include FDA approved biomarkers for Post-MI
We agree with the reviewer that a few sentences should address the potential of biomarkers (in our case VEGF) for MI recurrence. Therefore we have added the following text into the Discussion section (page 16, lines Y-Z).

To date, there is no available biomarker, particularly such that would be improved by the FDA, for prediction of the recurrence of MI in post MI patients. Herein lies the potential of our observation since VEGF might be, at least in theory, a predictive biomarker for MI recurrence. This should of course be further explored in detail.

REVIEWER 2

1. The definition of myocardial infarction should be added before further revision.

We have already described the definition of myocardial infarction in the Patients and Methods section, in the Study population paragraph (page X, lines Y-Z) (please see: “In all patients, MI was defined by a positive troponin level, ECG changes and obstructive coronary lesions confirmed by angiography”.

2. It is interesting why only 48% of patients were treated with ACEI?

We are thankful to the reviewer for finding this typo. Indeed, 90% of patients used angiotensin converting enzyme inhibitors. We have corrected this mistake.

3. I am concern about the definition of MI - should be according with ESC guidelines.

At the Cardiology department of the University Clinical Centre Ljubljana, patients are routinely managed and treated strictly according to currently valid ESC guidelines. Thus, this also applies to establishing the diagnosis of MI, which is thus accordance with ESC guidelines.

As requested the text was re-reviewed by an English native proof reader.