Author's response to reviews

Title: Echocardiographic Evaluation of Thalassemia Intermedia Patients in Duhok, Iraq

Authors:

AMEEN MOSA MOHAMMAD (doctoramb@yahoo.com)

Version: 6 Date: 14 November 2014

Author's response to reviews: see over
The author's response to reviews

Title: Echocardiographic Evaluation of Thalassemia Intermedia patients in Duhok, Iraq

Author: Ameen Mosa Mohammad (E-mail: doctoramb@yahoo.com)

The author's response: The author deeply appreciates the reviewer’s comments. A detailed point-by-point response to the reviewer’s comments is attached.

November 15th, 2014

To editors,
BMC Cardiovascular Disorders. (Non-coronary section)

Dear Mr. Gilbert Tacbobo,
I would like to thank you for revising the paper. The reviewer’s comments have been addressed in the revised version.

Reviewer: Douglas Curran-Everett

Reviewer's report:
General Comment
I have reviewed this paper from the perspective of the statistical analyses. Although I find the topic of interest and importance, I do have some questions about the statistical analysis.

Major Compulsory Revisions
1. Methods, dichotomizing TRV and normalizing cardiac volumes and dimensions, page 4. The problems normalizing to some denominator such as body surface area are well-documented. See Curran-Everett D. Explorations in statistics: the analysis of ratios and normalized data. Adv Physiol Educ 37: 213–219, 2013 http://advan.physiology.org/content/37/3/213.full for a summary. Moreover, I am not clear on why TRV was dichotomized rather than treating it as a continuous variable. The analysis of a continuous variable has more statistical power than does a discrete variable. Why not use analysis of covariance for the analysis?
**Author response:** Clinically it is important to dichotomize the TRV into groups because TRV was taken as a clinical indicator of pulmonary hypertension. So that in spite of the analysis of a continuous variable may have a more statistical power than does a discrete variable as mentioned by the respectful reviewer but TRV was dichotomized rather than treating it as a continuous variable because we aimed to see the clinical differences between a specified groups of TRV rather than to see the statistical association between the TRV as a continuous variable with other predictors. Regarding (normalizing cardiac volumes and dimensions…) it was done according to the recommendations of one of the expert clinical reviewer of the BMC journal (Dimitrios Tsiapras) who aimed to abolish the biases of growth retardation in thalassemic patients.

2. Results. Scatterplots are necessary to assess the association of a predictor variable with TRV.

**Author response:** Based on the above recommendation scatter plots of all of the significant Echo measurements and age of patients were added to the manuscript.

Minor Essential Revisions
1. Abstract, Results, Tables. The preferred format for reporting SD is 19.6 (SD 7.5) years. Because a SD is a single, positive number, the +/- is superfluous.

**Author response:** Changes were done according to the recommended format.

2. Results and Tables, P values. P values greater than 0.01 can be rounded to the nearest 0.01.

**Author response:** P values greater than 0.01 were rounded to the nearest 0.01.
Many thanks,
Ameen Mosa Mohammad, MD
MBCHB, FICMS (med.), Postdoc Msc(cardio),
Department of Internal Medicine, Division of Cardiology
Medical School, University of Duhok, Kurdistan, Iraq