Author's response to reviews

Title: Passive Tobacco Exposure Impairs Symptomatic Improvement in Patients with Chronic Angina Undergoing Enhanced External Counterpulsation

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Version: 2 Date: 3 January 2008

Author's response to reviews: see over
December 28, 2007

Dr. Damian Marlee
Assistant Editor, BMC Cardiovascular Disorders

Re: Revised MS 5352894041543196

Dear Dr. Marlee:

I would like to submit this revised original research manuscript entitled "Passive Tobacco Exposure Impairs Symptomatic Improvement in Patients with Chronic Angina Undergoing Enhanced External Counterpulsation" for consideration for publication in BMC Cardiovascular Disorders.

We have revised the manuscript in response to each of the comments by the two Reviewers:

Reviewer #1:

1. *There needs to be a clear comparison between non-smokers and current smokers.* Response: The manuscript (abstract, methods, results) have been clarified to show the main comparison is between non-smokers without SHS and non-smokers with SHS exposure. We performed one comparison (angina response to EECP) between non-smokers and current smokers.

2. *The results section of the abstract needs editing. It is not clear what control group is used.* Response: Same as for #1 above.

3. *The difference in response to treatment between smokers and non-smokers exposed to SHS should be highlighted.* Response: In this manuscript, we did not focus on the effect of smoking on EECP outcomes, as this has been previously investigated. We did make one comparison between smokers and non-smokers (angina reduction after EECP), as this was the focus of the manuscript among non-smokers.

4. *I suggest the authors review our paper in Circulation that describes how the effects of SHS on the cardiovascular system are nearly as large as smoking.* Response: We did evaluate this review paper carefully, in the revised manuscript. We have added the appropriate reference in the Discussion.

5. *It is not clear what EECP is for.* Response: We have added a statement that EECP is used for the treatment of chronic, refractory angina.

6. *Patients were not selected randomly. Authors need to address that issue.* Response: We have clarified the Methods section to report that all eligible patients from the International EECP Patient Registry 2 were included in this analysis. The IEPR-2 includes consecutive patients treated for angina.

7. *Exposure to SHS was not assessed at work.* Response: We acknowledge that a limitation of this study is the identification of SHS was defined in this study as house-hold smoke exposure
only. We have included this important limitation in the added Limitations section of the Discussion.

8. Other factors that might influence completion rate need to be mentioned or controlled for. Response: The main reasons for failing to complete the 35-hour course of EECP include adverse cardiovascular events during treatment and patient preference. The data on reasons for discontinuation are presented in the Results section at the top of page 7.

9. Discussion should emphasize the fact that the effects of SHS are acute and almost as large as those seen in active smokers. Response: This statement is extremely important, and has been added to the Discussion, in the section referencing the Barnoya and Glantz review article in Circulation 2005.

Reviewer #2:
The reviewer has raised several valid suggestions for this manuscript. As stated in the manuscript, this study reports the findings from the IEPR-2. This manuscript focused only on the subgroups categorized by current smoking status and SHS exposure. This analysis, like the vast majority of Registry analyses, did not result from pre-specified hypotheses. This clarification was added to the Limitations section.

All authors have approved this revision. Thank you for your careful consideration of this revised manuscript to BMC Cardiovascular Disorders.

Sincerely,

Andrew D. Michaels, MD, MAS, FACC, FAHA (on behalf of all co-authors)
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