Author’s response to reviews

Title: Long-term survival after initial hospital admission for peripheral arterial disease in the lower extremities

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Author’s response to reviews: see over
Response to comments of reviewer 1 on manuscript entitled ‘Long-term survival after initial hospital admission for peripheral arterial disease in the lower extremities’ by Vaartjes and co-workers

We thank the reviewer for taking our manuscript under review. We changed our revision accordingly taking into account the reviewer’s comments.

As the reviewer suggested we deleted the part ‘is as poor as survival following other atherosclerotic disease’ from the title.

As the reviewer suggested we included the results from the getABI study in the discussion section (page 10). Furthermore, we highlighted more clearly that the awareness on the bad long term prognosis is poor in doctors and patients and that age and gender stratified absolute mortality risks may be helpful to make the problem as clear as possible (discussion + conclusion).

Response to comments of reviewer 2 on manuscript entitled ‘Long-term survival after initial hospital admission for peripheral arterial disease in the lower extremities’ by Vaartjes and co-workers

We thank the reviewer for taking our manuscript under review. We changed our revision accordingly taking into account the reviewer’s comments.

We agree on the reviewers comment with regard to the limited number of confounders that have been considered in the analysis of the data. Unfortunately, no information in the registry was available on confounding factors other than previous cardiovascular disease and diabetes, and therefore we could not adjust for other confounders in the analysis of the data. In the revised manuscript we describe factors that may influence prognosis and the issue of lacking information about these factors (discussion section, page 11). Furthermore, the register is also lacking data on baseline clinical characteristics of PAD patients, which we mention in the discussion section (page 9).

However, our primary goal was to provide absolute mortality risks stratified by age and gender as absolute risks. It is known that long term prognosis is poor among PAD patients, though awareness among doctors and patients is still low. Absolute mortality risks stratified by age and gender are easy to interpret and they provide a clear presentation of the size of the burden of disease in these patients, which may be helpfull to increase awareness, as it makes the problem as clear as possible.