Author's response to reviews

Title: Vascular calcification on plain radiographs is associated with carotid intima media thickness, malnutrition and cardiovascular events in dialysis patients: a prospective observational study

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Author's response to reviews: see over
Dear Editor of BMC Nephrology

On behalf of the authors, I wish to thank you for the opportunity to submit a revised version of the manuscript for your consideration. The authors were pleased to address all issues raised by your reviewer in the revised version of the paper. I hope that the revised manuscript will meet with your approval.

Response to the concerns

The authors wish to thank the astute reviewers for the support and valuable advice they provided for revision of the paper. We were happy to address and correct all issues raised as follows:

Minor Essential Revisions

Abstract:

• This sentence needs grammatical correction

Conditions increasing to adequate hemoglobin level maybe retard progression of VC in dialysis patients.

Conditions which increase hemoglobin level, may retard progression of VC in dialysis patients.

Response: Authors fully agree with reviewer’s opinion. We corrected that sentence in the abstract and conclusion.

Results:
•This sentence needs grammatical correction.

Intact parathyroid hormone, calcium, and phosphorous levels were not significantly different in patients with and without significant VC.

Mean levels of intact parathyroid hormone, calcium, and phosphorous were not significantly different in patients with and without significant VC.

**Response:** Authors fully agree with reviewer’s opinion. We corrected that sentence in the results.

•Change "VCs " to "VC score" in this paragraph, as in other parts of the manuscript.

Nineteen (42.2%) of 45 patients with AAC scores < 5 had significant VCs on other parts, 14 of 40 patients (35.0%) with hand and pelvis VCs < 3 had significant VCs on other parts, and 12 (31.6%) of 38 patients without medial artery calcification of the feet had significant VCs on other parts.

**Response:** Authors fully agree with reviewer’s opinion. We changed VCs to VC score as you recommended.

•These sentences are vague and need some improvement. I have a suggestion below.

We found increasing hemoglobin over a 2-year observation period in patients with VC non-progression on plain radiographs without significant differences of iron replacement and erythropoietin dose. Therefore, overall condition increasing hemoglobin with similar iron and erythropoietin supplementations may be
contrary to erythropoietin resistance and VC formation caused by inflammation,
oxidative stress, etc.#

We found increasing levels of hemoglobin over a 2 year observational period in
patients with non-progression of VC, which was not related to the doses of
supplemental iron or erythropoietin. This may indicate that conditions in favour of
increase in hemoglobin level, such as lack of inflammation and oxidative stress,
may be also supportive against VC.

Response: Authors fully agree with reviewer's opinion. We corrected those sentences as
you recommended in the discussion.

**Quality of written English:** Needs some language corrections before being published

Response: This manuscript was edited by a native-English speaker with scientific
expertise ([www.harrisco.net](http://www.harrisco.net)).

Best wishes

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