Author's response to reviews

Title: Ischemic stroke incidence in Santa Coloma de Gramenet (ISISCOG), Spain. A community-based study.

Authors:

M Teresa Alzamora (maiteal2007@gmail.com)
Marta Sorribes (martasorribes.pbcn@ics.scs.es)
Antonio Heras (aheras.bnm.ics@gencat.net)
Marisa Vicheto (mlvicheto.bnm.ics@gencat.net)
Rosa Fores (rfores.bnm.ics@gencat.net)
Jose Sanchez-Oranguren (jsanchez@hes.scs.es)
Nicolas Vila (med02028@nacom.es)
Amparo Sancho (asanchop.bnm.ics@gencat.net)
Guillem Pera (gpera.bnm@ics.scs.es)

Version: 3 Date: 25 February 2008

Author's response to reviews: see over
Dear Sir/Madam;

Please find attached the revised manuscript (1165593437156610) entitled “Ischemic stroke incidence in Santa Coloma de Gramenet (ISISCOG), Spain. A community-based study”.

The text has been reviewed by a native English speaker with expertise in correcting scientific papers.

Below please find the point by point answers (in bold) to the version 2 referees’ suggestions and comments.
Reviewer: Marzia Baldereschi

Accepted without revision.
Referee 2
Reviewer: Antonio Carolei

Please specify also in the abstract date and year of the municipal census.
Done.
Page 2, line 10.

Please specify which vascular studies: extra and/or intracranial.
Done. It has been specified in the abstract and results sections that both, extra- and intracranial vascular studies were performed.
Page 2, line 14 and page 7, line 4.

Data were adjusted to which European population?
As suggested by the reviewer we have used now the European population from 2001 available at the EUROSTAT web page.
Page 6, lines 2 and 24.

Annual incidence should be given for first-ever in a life-time strokes. Authors also included among the incident events also stroke recurrences.
We do not understand this comment, since first-ever ischemic stroke incidences are shown in Table 2, and attack rates of ischemic stroke (including first-ever and recurrent events) are shown in Table 1.

Adjustment to the World population (notably younger) is redundant. Anyhow, authors should specify which World population.
Following the suggestions of the reviewer, World population adjusted rates has been deleted from the tables and text.

Only first-ever strokes should be considered.
Most of the related papers show both incidence rates, first-ever and attack rates. Although first-ever stroke incidence could be though as a “pure incidence”, information on attack rates adds knowledge about how important are recurrent strokes, compared with first-ever, in our population.

Authors should comment on the different proportions of stroke etiologies according to the TOAST criteria.
In the results section the following paragraph is included: “According to the TOAST classification, 37 (18.6%) patients presented a large artery atherothrombotic stroke, 52 (26.6%) a cardioembolic stroke, 56 (28.8%) a lacunar stroke and 51 (26.0%) a stroke of undetermined origin.”
Page 7 line 6-8.

A comparison of the age and sex distribution of the resident population with that of Spain should be given, in order to find out if the proportion of individuals over the age of 65 years is the same or not.
This information has been included now in the study area and population section.
Page 3 line 29.
Again, I suggest to report data referring to first-ever strokes only avoiding TIA and stroke recurrences. **Most of the related papers show both incidence rates, first-ever and attack rates. Although first-ever stroke incidence could be though as a “pure incidence”, information on attack rates adds knowledge about how important are recurrent strokes, compared with first-ever, in our population. TIA are not reported (and not included as a event) in our paper.**

Death certificates should have been checked in order to identify resident stroke patients who died elsewhere. **Death certificates were not checked. In our region, GPs know almost the totality of deaths among their patients, even if the patient deaths outside the region. Considering that the whole population is assigned to a GP, and all the GP of our region were involved in our study, we believe that missing deaths by stroke in our study are negligible.** In the methods section we state that **“There was no need to review death certificates since all were signed by the GPs or neurologists (in-hospital death) participating in the study.”** and in the discussion section **“We believe data collection on case fatality and disability to be correctly registered, despite not having reviewed the death certificates since autopsies are not routinely undertaken in all deaths in Spain and the death certificates were signed by the GPs or neurologists (in hospital deaths) participating in the study. Moreover, we determined the number of survivors at 90 days with the follow up using the Barthel Index.”.**

Data referring to the resident population are not the same: in one point is reported a total of 116,220, in another 116.202, probably a typing error. Please correct. **Corrected. 16,220 is the correct figure.**

The statement “standard European population” is incorrect. Please see the following point. **The referral populations for standardization are not appropriate.** They are respectively 40 (Scandinavian standard population, 1967) and 47 years old (Segi standard population, 1960) Please refer more appropriately to EUROSTAT: [http://epp.eurostat.ec.europa.eu/portal/page?_pageid=0,1136184,0_45572595&_dad=portal&_schema=](http://epp.eurostat.ec.europa.eu/portal/page?_pageid=0,1136184,0_45572595&_dad=portal&_schema=) **As suggested by the reviewer we have used now the European population from 2001 available at the EUROSTAT web page.**

Please correct dyslipemia as dyslipidemia. **Done.**

**Page 6, line 18.**

I suggest to remove as redundant any information referring to the World population for the above reported reasons.
Following the suggestions of the reviewer, World population adjusted rates has been deleted from the tables and text.
Referee 3  
Reviewer: Mauricio Avendano

Not received. Following your suggestions on 13th February (see below) we skip this referee comments.

"Dear Dr Alzamora,

After repeated attempts, we have been unable to contact the reviewer who sent the incorrect report. As you already have two other reports, simply ignore the incorrect one. Your previous responses to Dr Avendano's initial comments will be assessed in-house. Please address the comments from reviewer 1 and 2 in a covering letter with your revised manuscript. As discussed earlier, the due date for revisions is now 9th March 2008. I apologise for the confusion and difficulty this has caused.

With best wishes,

John"
We hope the manuscript is now acceptable for publication.

Yours sincerely,

MT Alzamora Sas
Unitat de Suport a la Recerca
Àmbit Barcelonés Nord i Maresme
CAP El Maresme
C/ Camí del Mig, 36
08303-Mataró
Barcelona (Spain)

Phone: +34 93 741 53 38
Fax: +34 93 799 93 17
E-mail: maiteal2007@gmail.com