Author's response to reviews

Title: Up-to-date on mortality in COPD - report from the OLIN COPD study

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Author's response to reviews: see over
To  
The Editor-in-Chief, Tim Shipely, PhD  
BMC Pulmonary Medicine

Re: Manuscript ID 7960221535366772  
Up-to-date on mortality in COPD - report from the OLIN COPD study  
By Anne Lindberg, Lars-Gunnar Larsson, Hana Mullerova, Eva Rönmark, and Bo Lundbäck

Dear Editor,

We thank very much for the positive feedback of the revised version of the manuscript including the encouraging letter from the journal. We are sincerely grateful that Dr de Marco accepted the revised version of the manuscript.

We also understand the remaining comments and constructive criticism from Dr Mannino. We have answered to the comments and further revised the manuscript with the intention to thoroughly meet the stated questions.

The revised manuscript is hereby submitted. We believe the paper has further improved, and we now hope that the paper can be published in BMC Pulmonary Medicine.

Yours sincerely,

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Reviewer: Dr David Mannino

The remaining issue I have, though, regards the interpretation of the results (and the authors may have misunderstood my prior comments). Specifically, I believe most would consider the hazards ratio for male sex (1.43) and heart disease (1.42) to be the same and important, even though the latter has CIs that include one (Table 3). Similarly, in Table 4, while these change a bit, both HRs remain in the 1.4 range. Statistical significance is a function of effect size and sample size and it appears that the effect size of heart disease for mortality remains about 1.4. Thus, I still believe that the statement that heart disease does not predict mortality in this data is technically correct (if one holds that a p value of 0.05 is the arbiter of truth), the reality is that heart disease at baseline is as predictive as male sex for mortality (and the data at the bottom of Table 2 confirms this). Thus, I think the conclusions need to be modified slightly to reflect this (but will defer to the editors should they feel otherwise!).

We understand the remaining comments and constructive criticism from Dr Mannino, as stated above. We have in consequence modified the conclusions in the abstract and in the section discussion, and further rewritten a part of the discussion (the last sentence on page 13 and the first two sentences on page 14) and corrected the text in line with Dr Manninos well justified comments.