Author’s response to reviews

Title: Serum VEGF levels are related to the presence of Pulmonary Arterial Hypertension in Systemic Sclerosis

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Author’s response to reviews: see over
Dear Editor

Thank you for asking us to revise our manuscript entitled “Serum VEGF levels are related to the presence of Pulmonary Arterial Hypertension in Systemic Sclerosis” for BMC pulmonary medicine. The revision has been done by the authors according to the reviewers’ comments, and we are submitting you the revised manuscript. Below we are giving you a list with the changes which have been done:

Reviewers’ comments:

1. You still need to say that no one had a R heart cath, so they are not talking about PAH, (ex on pg 13 they say PH was found in 20 pts, but they should say, 20 pts had an estimated elevation of PA ?systolic pressure of greater than or equal to 35).

The term PAH has been replaced in the manuscript. SSc Patients are categorized according to the levels of sPAP in those with sPAP ≥35mmHg and sPAP<35mmHg. The changes were the following.

1. In page 13, at the end of the first paragraph the phrase “PAH (ie systolic pressure in the pulmonary artery ≥35mmHg was pound in 20 patients” has been replaced with the phrase “Systolic pressure in the pulmonary artery ≥35mmHg was found in 20 patients”.

2. In page 13 second paragraph “with PAH” was replaced with sPAP≥35mmHg and “without PAH” was replaced with sPAP<35mmHg.

3. In page 15 in the first paragraph of the discussion session PAH was also replaced by sPAP ≥35mmHg
4. In page 16 the phrase “in patients with SSc and PAH” was replaced with “in patients with SSc and sPAP≥35mmHg”.

5. In page 17, first line, the phrase “between patients with and without PAH” was replaced with “between patients with sPAP≥35mmHg and patients with sPAP<35mmHg”.

6. In page 17, last paragraph the phrase “Therefore, an alternative interpretation of the increased serum VEGF levels in patients with SSc and PAH, could be that the development of PAH might by itself....” was replaced with the phrase “Therefore, an alternative interpretation of the increased serum VEGF levels in patients with SSc and sPAP≥35mmHg, could be that the elevation of sPAP might by itself...”

7. In the conclusion, PAH was also replaced with sPAP≥35mmHg.

8. In Table 1 “without PAH” was replaced with “sPAP<35mmHg” and “with PAH” was replaced with “sPAP≥35mmHg”.

9. In Figure 2 “+ PAH” was replaced with “sPAP≥35mmHg” and “- PAH” was replaced with “sPAP <35mmHg”.

2. One statement on why so many SSc patients had elevated pressures on echo needs to be said as the proportion with abnomral echos is higher than any other study. Were patients selected for PAH in any way or selected for dyspnea?

A comment has been added in page 19 in the study limitations paragraph. “Furthermore, it is a fact that a great number of our patients had elevated estimated levels of sPAP in echocardiography. A possible explanation for that might be that the study participants
were recruited from a scleroderma clinic in a tertiary hospital suggesting that they were patients who had more severe disease.”

We are looking forward for your favorable decision.

Yours sincerely

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