Author's response to reviews

Title: Cardiovascular case fatality in rheumatoid arthritis is decreasing; first prospective analysis of a current low disease activity rheumatoid arthritis cohort and review of the literature

Authors:

Inger L Meek (i.meek@reuma.umcn.nl)
Harald E Vonkeman (h.vonkeman@mst.nl)
Mart AFJ van de Laar (m.vandelaar@mst.nl)

Version: 3 Date: 25 August 2013

Author's response to reviews: see over
Dear editorial board of Arthritis Research & Therapy,

Please find enclosed the revised manuscript: “Cardiovascular case fatality in rheumatoid arthritis is decreasing; first prospective analysis of a current low disease activity rheumatoid arthritis cohort and review of the literature”, by Inger Meek, et al., to be submitted as a Research Article to Arthritis Research & Therapy for consideration of publication. All co-authors have seen and agree with the contents and revisions of the manuscript and there is no financial interest to report. We certify that the submission is not under review at any other publication.

In this manuscript, we present the results of a prospective study on cardiovascular (CV) event case fatality in the ACT-CVD cohort, a cohort including the data of current, low disease activity rheumatoid arthritis (RA) patients initiated in May 2009. Then, we put these results into the context of previous literature on CV case fatality in RA. Previous studies in older cohorts showed not only increased incidence of CV events in RA, but also increased 30-day mortality and sudden death. In our study we find that the CV case fatality rate in current low disease activity RA has importantly decreased compared to previous cohorts, which is supported by a trend towards declining RA associated CV case fatality in studies with successive periods of enrolment that has not been presented in the literature thusfar.

We believe that our findings could be of interest to the readers of Arthritis Research & Therapy because information on the prognosis of RA associated CV disease is important in the management of individual patient, and because the observed changing trend may provide input into further research on the pathology of RA associated CV risk.
As requested we have made the following alterations to the manuscript:

1. The key words are placed immediately after the Abstract
2. The ethical approval and patient informed consent of the study are clarified in the Methods section.
3. A List of Abbreviations section is added at the end of the manuscript.
4. Titles for the Competing Interests and Authors’ Contributions sections are added.
5. The Authors’ Contributions section was adapted according to your guidelines.

My sincere apologies for the delay in making the revisions you requested. We hope that the editorial board will consider the manuscript and agree on its interest for the readers of Arthritis Research & Therapy.

Sincerely yours,

Inger Meek on behalf of the authors.

Corresponding author: Inger Meek at UMC St Radboud, department of Rheumatic diseases, Huispost 470, postbus 9101, 6500 HB Nijmegen, The Netherlands, Tel. 0031-24-3614580, Email i.meek@reuma.umcn.nl