Author's response to reviews

Title: Smoking decreases the level of circulating CD34+ progenitor cells in young healthy women - a pilot study

Authors:

Antje Ludwig (antje.ludwig@charite.de)
Nicoline Jochmann (nicoline.jochmann@charite.de)
Andras Kertesz (kertesz_andras@yahoo.de)
Claudia Kuhn (claudia.kuhn@charite.de)
Simone Mueller (simone.mueller@charite.de)
Christine Gericke (christine.gericke@charite.de)
Gert Baumann (gert.baumann@charite.de)
Karl Stangl (karl.stangl@charite.de)
Verena Stangl (verena.stangl@charite.de)

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Dear Editors,

Herewith we submit a revised version of our manuscript entitled "Smoking decreases level of circulating CD 34+ progenitor cells in young healthy women-a pilot study" (MS: 2842876873147733). We apologize that our response to reviewer 2 was nonsatisfying. We extended the answer to comment 2. We hope that our article is now acceptable for publication in your journal, and we keenly look forward to your response.

Yours sincerely,

Verena Stangl
Reviewer 2: How comparable were these groups in reality? Tot chol, LDL and triglycerides, as well as age were higher, HDL was lower in smoking women. While only age was significantly lower, total cardiovascular risk is a sum of different components. I would like to see the Framingham risk score for both groups:

Both study groups were highly comparable regarding the cardiovascular risk. As written in the method section of the manuscript: “Subjects with chronic diseases or known cardiovascular risk factors other than smoking were excluded.” That means, for each individual woman every single relevant parameter was not afflicted with a higher cardiovascular risk (gender, age, total cholesterol, LDL, BMI, triglycerides, blood pressure etc. as described in table1). The only risk factor potentially counting for a higher Framingham risk score was smoking. The only significant difference between smoking and nonsmoking women was age. However, all women were very young (25-35 years) and the difference between both groups was only ~30 months.

The Framingham risk score would be in fact a useful parameter to document the low cardiovascular risk in both groups. However, the Framingham risk score, which was developed in the United States and is only evaluated for the US population, is not validated for individuals under 30 years [Wilson et al. 1998].


Addendum: We have determined the 10-year CHD risk with Wilson’s risk calculator, which based on Framingham data. For each single woman included into the study the predicted 10 year CHD risk is < 1 %. However, we are aware that this risk score is not validated for individuals younger than 30 years. Therefore, we think it would not be permissible to include the Framingham risk score into table 1.