Author's response to reviews

Title: Use of biological based therapy in patients with cardiovascular diseases in a university-hospital in New York City

Authors:

Larisa Chagan (lchagan@aol.com)
Diane Bernstein (dbernstein@yahoo.com)
Judy W.M. Cheng (judy.cheng@liu.edu)
Vitalina Rozenfeld (vita@e-iz.com)
Harold L Kirschenbaum (harold.kirschenbaum@liu.edu)
Gina C Caliendo (gina.caliendo@mssm.edu)
Joanne Meyers (joanne.meyers@mssm.edu)
Bernard Mehl (bernardmehl@aol.com)

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Author's response to reviews: see over
Description of Revision 3:

**Title:** Use of biological based therapy in patients with cardiovascular diseases in university-hospital in New York City

**Version:** 3  **Date:** November 10, 2004

**Reviewer:** Glen Pearson

**Author:** Larisa Chagan

**Minor Essential Revisions:**

1. Page 5/paragraph 3 and Page 11/paragraph 1: “unconventional therapies” replaced with BBT.
2. Results: corrected 95 patients to 94 patients as noted by reviewer.
3. “Prescription/non-prescription medications” replaced with “prescribed” noting that these medications were either prescribed by prescription by physician or were recommended by physician/clinician to patients to make a distinction between those medications used with aid of clinician versus patients’ own decision to self-medicate with BBT. In addition, as noted by reviewer, terminology of BBT, CAM, unconventional therapies, est. is confusing. Different studies in this area present or define these products differently as discussed in our “Discussion” section of the manuscript by reviewing five studies relevant to this data. However, we made every attempt to define/standardize what we were measuring and investigating by providing a definition of BBT in our “Methods” section based on BBT definition as per the United States National Center for CAM.
4. We surveyed patients about their prescription, over-the-counter medications and herbal/dietary supplements use. All of the medications recommended/prescribed by physicians are those in category of prescription, over-the-counter medications or just those prescribed/recommended by physicians, versus “herbal/dietary supplements” or BBTs are those used by patients without direct consultation with their caregivers.
5. It took us 2 years to collect the data because the project was conducted on the part-time bases. Initially, the project was initiated as part of the requirement for “Pharm.D” dissertation and degree, which evolved to be a full-blown evaluation by pharmacy students in collaboration with a faculty member. So, it was a student project conducted by several students on part-time bases. On average, at Mount Sinai Hospital about 10 patients get admitted to the cardiac services per day and if the project would have been done on full-time bases we would have completed it sooner that 2 years. We did not collect the data about how many patients refused to participate, but there were not a lot, most of the patients approached agreed to share their experiences with BBT, also, none of the physicians refused to enroll their patients. In our limitation section of the manuscript we included a comment that the patients were recruited on a voluntary bases and only those who wished to participate were included in the study. We never intended to say that we randomized or preselected patients for enrollment.

Thank you very much for your expertise and time with this manuscript.