Author's response to reviews

Title: Sequentially based analysis versus image based analysis of Intima Media Thickness in common carotid arteries studies a Do major IMT studies underestimate the true relations for cardio- and cerebrovascular risk?

Authors:

markus sandrock (markus.sandrock@gmx.de)
Jochen Hansel (hansel@msm1.ukl.uni-freiburg.de)
Janina Schulze (schulze@msm1.ukl.uni-freiburg.de)
daniel schmitz (usschmitz@web.de)
andreas niess (niess@msm1.ukl.uni-freiburg.de)
hans burkardt (burkardt@msm1.ukl.uni-freiburg.de)
arno schmidt-trucksass (schmidt@msm1.ukl.uni-freiburg.de)

Version: 2 Date: 18 February 2008

Author's response to reviews:

Reviewer 1
An important study convincingly showing that ECG-tracked image based analysis non-systematically underestimates the value of carotid intima-media thickness and its relation with cardiovascular risk predictors. Minor comments:

1) My copy is full of deletions in the text and reference (including the full 19-21 pages): please, submit an immaculate copy!

We deleted the deletions and doubled references.

2) There are some spelling mistakes, also in the abstract (page 2, line 3, suffient is sufficient), in the text (page 13, lines 2, In this study, delete full stop) and in Figure 3 (Frammingham is Framingham).

We changed the spelling mistakes in the abstract and the manuscript.

3) There are 2 versions of figure 2 (the one with only 1 panel is much better).

We excluded one version of figure 2 as suggested by the reviewer.

Reviewer 2
1) Please, study the Journal pre-submission checklist; there are 2 lists of references and also the numbers of the references in the text are doubled.

We changed the references and excluded doubled.

2) Please, correct the spelling mistakes (for example, Abstract: line 3- suffient)
We corrected the spelling mistakes

3) In Materials and Methods- you wrote the abbreviation for healthy subjects, but its not used in the rest of the article.

We excluded the abbreviation. It was not used in the manuscript.

4) the patients were scanned by six experienced ultrasonographic observers; do u have any data about the inter- and intra-observer variability?

All observers used the strict procedures of the Mannheim Convention Paper. This strict procedure can decrease the variability error.

5) In Statistics please, specify what WI means.

We excluded WI.

6) You mentioned Table 1 twice- in the chapter Materials and Methods, and also in Results; please, mention it only once.

We excluded one link.

7) Its been used Framingham risk score to estimate the individual coronary heart disease (CHD) risk level; maybe it would be useful to divide the entire population in groups at different risk to develop a CHD using the Framingham risk score(low-average-high risk)

This would be a interesting task. We thought about this. This paper should be about differences of image based and sequencial based analysis. Therefore we think it is more useful to have one big population. We wanted to focus on the major topic: Image based analysis has some major disadvantages. But we are very glad for this advice by the reviewer and hope to analyse the data in a later paper as suggested.

8) Please, re-make Table 1 (cutting the first line, specifying that Systolic and Diastolic is the blood pressure, explaining what does it mean Framingham CDH risk level),

We changed the table. Framingham CDH Risk level is the calculated 10 year risk for a person for a cardiovascular event.

9) Table 4 (cutting ECG position, explaining what does it mean RR).

RR = Riva Roca = blood pressure. We changed it to blood pressure.