Author’s response to reviews

Title: Serbia within European context: an analysis of premature mortality

Authors:

    Milena Santric Milicevic (msantric@med.bg.ac.yu)
    Vesna Bjegovic (bjegov@eunet.rs)
    Zorica Terzic (vlazo970@yahoo.com)
    Dejana Vukovic (dvukovic@med.bg.ac.yu)
    Nikola Kocev (nkocev@eunet.rs)
    Jelena Marinkovic (marinkovic.j@gmail.com)
    Vladimir Vasic (drvasic@yubc.net)

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Author’s response to reviews: see over
Dear Editors,

Let us express appreciation to you and your team for collegiality and professionalism.

We have revised our manuscript in light of the reviewers’ comments and made all required changes to the format of the paper. Please, find below point-by-point our responses to the concerns of the reviewer's reports.

We wish to thank you and the reviewers for advices and constructive criticism. We find comments and suggestions helpful and instrumental. We hope that we achieved to improve both the form and content of the manuscript. It was our pleasure to learn more from the correspondence with you. We are ready to do any additional corrections if required.

For all authors, Belgrade, 23. June 2009

Milena Santric Milicevic
Answers to Editorial concerns regarding the utility of the results described in the paper.

- We tried to elaborate study utility in improving the health of the population, assuring benefit to decision-makers, and developing data quality. Those sentences are in the last three paragraphs in the discussion:

  “Notwithstanding the shortcomings, this is the first study that objectively quantified the premature mortality gap between Serbia and Europe sub-regions. Therefore, the findings could be used to indicate convergence of current national health plans for some diseases toward those in Europe. They advocate strategic orientation of country health planners and decision makers for public health activities within Europe and to integrate health protection in other policies at the state level. The results support country participation in intraregional collaboration that will facilitate initiatives for promotion of health lifestyles and better disease management and that may improve institutional health care protocols.

  Mortality registration needs to be improved at all levels by modernisation of control, knowledge, coding practices, and death verification procedures. This is of particular relevance regarding adult mortality underregistration, and for forensic cases, e.g. injuries, since the clinical documentation and death files are among key elements in juridical procedures.”
Answers to Reviewer’s report number: 1

In the methods section:

- At the last line of page 3 (previously was in the last paragraph on page 6), we eliminated the statement which starts “The logical control” and ends with “missing age data”, and we included the suggested sentence “GBD methodology was used for handling ill-defined codes or missing age information”.
- In the fourth line of page 5 (previously was the third line on page 8), after “age-weighting” text in the bracket was removed.
- The statement that followed was rewritten and new references had to be added to:
  “To make possible comparison with other countries’ burden of diseases, we applied the GBD Study life expectancies at birth: 82.5 years for females (the Coale and Demeny model life table for West level 26) and 80 years for males (standard model life table, the Second edition of West level 25, available in the United Nations Population Division software package MORTPAK) [23,24]

The results section

- Passive voice was changed with active verbs.
- All of GBD codes changed into their labels.
- On page 6, the paragraph below (Table 1 here), was rewritten and corrected to the following:
  “According to age-specific deaths rates, Serbia was significantly different than EURO B (p<0.005) and EURO C (p<0.005) in communicable, maternal, perinatal, and nutritional conditions (Figure 1a), and had higher age-specific death rates than EURO A (p<0.005) in non-communicable diseases (Figure 1b), and was dissimilar statistically from Euro C (p<0.002) in injuries (Figure 1c).”
- The titles for figure 1a, 1b and 1c are corrected to match with what is described in the text. For that we need to create figures in Excel and not in SPSS.
- The 2nd and 3rd statements of the first paragraph of the sub-section “Premature mortality patterns” on page 7 (page 10 in the previous text version), were deleted. Instead, we highlighted the main points and directed the reader to the table for details.
- On page 8 (page 11 in the previous text version), as suggested:
  - The first paragraph is shortened and differences were highlighted.
  - Next paragraphs were rewritten.
The last statement prior (Figure 4 here) on the “both types of U148” was changed to “unintentional, and intentional injuries”.

- The remaining paragraphs were rewritten and main points highlighted in suggested style. Prior to describing the main differences by specific GBD code, we stated the overall similarity between Serbia and Euro sub region for males and females.

For Recommendation section:

- The International Science Editing agency reviewed our paper. We asked for editor who is an epidemiologist/biostatistician.
**Answers to Reviewer's report number: 2**

**Major Compulsory Revisions**

1. **Use of English language**
   - We used the English editing agency - International Science Editing. Our paper number was 24098.

2. **All acronyms should be spelled out when first used.**
   - Acronyms are spelled out when first used, including in the abstract.

3. **The authors seem to expect that all readers are familiar with the "Euro A, B, and C" regions**
   - Countries belonging to the "Euro A, B, and C" regions are defined and presented at the bottom of Table 1.

4. **Results section - way too many results are in the text rather than in tables.**
   - This part of revision was done as suggested by Reviewer 1.

**Minor Essential Revisions**

5. **Methods section - the software and version number used in the data analysis should be provided.**
   - The software and version number used in the data analysis are provided in the last paragraph of methods section on the page 8.

6. **Discussion section - how can these results be used to improve the health of the population?**
   - We tried to address the issue in six sentences within the last three paragraphs. Those sentences are:

   “Notwithstanding the shortcomings, this is the first study that objectively quantified the premature mortality gap between Serbia and Europe sub-regions. Therefore, the findings could be used to indicate convergence of current national health plans for some diseases toward those in Europe. They advocate strategic orientation of country health planners and decision makers for public health activities within Europe and to integrate health protection in other policies at the state level. The results support country participation in intraregional collaboration that will facilitate initiatives for promotion of health lifestyles and better disease management and that may improve institutional health care protocols.

Mortality registration needs to be improved at all levels by modernisation of control, knowledge, coding practices, and death verification procedures. This is of particular relevance regarding adult mortality underregistration, and for forensic cases, e.g. injuries, since the clinical documentation and death files are among key elements in juridical procedures.”