Author's response to reviews

Title: Validity of Electron Beam Computed Tomography for Coronary Artery Disease: A Systematic Review and Meta-analysis

Authors:

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Author's response to reviews: see over
To:
The Editor-in-Chief,
BMC Medicine

Dear Dr. Norton,

We are delighted by your acceptance of our article in principle. We have now addressed the minor comments raised by Dr. Nallamothu as explained on the following page.

Please do not hesitate to contact me if you need any further information.

Sincerely,
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Response to Brahmajee Nallamothu:

*Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)*

I would suggest that the authors re-word the conclusion of their abstract. The material is fine but it just appears unwieldy (and too much) for an abstract. A more succinct way of expressing their findings would be:

1. Changing the Conclusion to: "Increasing EBCT scores indicate higher risk for CAD in both asymptomatic and symptomatic patients suggesting a limited role for its use in decisions about coronary angiography, but this requires further study." The authors are probably able to come up with something better.

2. Avoiding the term "preventive interventions". I know that they mean medical therapy and risk factor modification, but in the post-COURAGE era this term inappropriately implies PCI.

Response: We have altered the conclusions in the abstract to address both the earlier concern that our results cannot be applied to individual patients, as well as the concerns above that preventive medical therapy is open to misinterpretation. The conclusions section now reads as follows:

**Conclusions:** Increasing EBCT scores indicate higher risk for CAD in both asymptomatic and symptomatic patients. In general, asymptomatic patients with EBCT scores in the High category can perhaps be considered for preventive medical therapy and risk factor modification. Symptomatic patients with EBCT scores in the Low category can perhaps, at least temporarily, avoid invasive coronary angiography. However, the non-uniform quality of studies and the lack of availability of individual-level data preclude the extension of our results to individual patients.

3. Removing the term "enthusiastically" from the Background.

Response: Done

**Response to editorial concerns:**

1) Please format the abstract into Background, the context and purpose of the study; Methods, how the study was performed and statistical tests used; Results, the main findings; Conclusions, brief summary and potential implications. Please minimize the use of abbreviations and do not cite references in the abstract.
Response: Done

2) Please provide a 'Conclusions' section -
This should state clearly the main conclusions of the research and give a clear explanation of their importance and relevance. Summary illustrations may be included.

Response: Done

List of abbreviations
If abbreviations are used in the text either they should be defined in the text where first used, or a list of abbreviations can be provided, which should precede the competing interests and authors' contributions.

Response: Done. A list of abbreviations appears right after the end of the text.

3) Please provide a 'Competing interests' section -
A competing interest exists when your interpretation of data or presentation of information may be influenced by your personal or financial relationship with other people or organizations. Authors should disclose any financial competing interests but also any non-financial competing interests that may cause them embarrassment were they to become public after the publication of the manuscript.

Response: Done. A competing interests section now appears stating that none of the authors have any competing interests.