Author's response to reviews

Title: The Relationship between Fasting Plasma Glucose and MPO in Patients with Acute Coronary Syndrome

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Version: 3
Date: 31 July 2015

Author's response to reviews:

Dear editor and reviewer,

Thank you very much for the very helpful editorial and reviewers' comments and hard work on our manuscript (MS: 1203833301151488. The Relationship between Fasting Plasma Glucose and MPO in Patients with Acute Coronary Syndrome). We have carefully taken all comments into consideration and revised our manuscript.

Enclosed are the point-by-point responses to each comment.

We look forward to hearing from you.

Yours sincerely,

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I reviewer

Major Compulsory revision

In this report Zhang et al. evaluate relationship between fasting plasma glucose (FPG) levels and inflammatory factor Myeloperoxidase (MPO) levels in patients with acute coronary syndrome (ACS). A population of 85 pt was divided into three subgroups respectively Group A: FPG(<5.6mmol/l); Group B:5.6mmol/l#FPG<6.mmol/l; Group C: FPG#6.1 mmol/l. Their results show that FPG values are positively correlated with plasma MPO levels (r=0.492, p=0.000)
and different among the three groups. Moreover FPG is positively correlated with
Gensini scores (r=0.491, p=0.000) but not with plasma MPO(r=0.172,
p=0.125). Anyway they conclude that proatherogenesis role of high FPG
probably is related to the releasing of MPO.

1) In the abstract the PBMCs abbreviation is unclear
Response: We have indicated the PBMCs abbreviation in the abstract.

2) Introduction should be short
Response: Thank for your suggestion. We have shortened the introduction.

3) In the result section the number of patients enrolled in the three groups should
be reported and the statistical significance among the three groups should not be
evaluated by a "one vs one" group, but among the three groups with one way
Anova too. Moreover significant clinical characteristics should be tested by a
multivariate analysis.
Response: Thank your good question. We have reported the number of the
patients in the result section. The statistical significance among the three groups
has been evaluated by one way Anova and significant clinical characteristics
have been tested by a multivariate analysis. (See results )

4) Unfortunately relation power showed between FPG and Gensini scores
  (r=0.491, p=0.000) or plasma MPO levels (r=0.492, p=0.000) is low (r value
  <0.7), despite a good p value r value is near to fortuity. This is probably due to
  the little cohort of patients.
Response: We have pointed out this limitation in our paper.

5) Generally results are shown in a confused way.
Response: We have rewritten the results and done our best to make it clear.(See
Results). Some figures have been deleted and 2 tables has been added.

generally is an interesting article, the English form should be revised and the
conclusion should be mitigate due to the small cohort and the low power of the
relation found.
Response: We have revised the English form and mitigated the conclusion. (See
Conclusion)

# reviewer
Major revision
1. In this paper Zhang et al. show the association between FPG and MPO in
patients with ACS. However they did not find association between FPG and
PBMC. In the discussion section they hypothesized a role from granulocites. Can
they provide values of granulocites in their population and association between
FPG and granulocites, or other data to strength this thesis? In general I think
they should provide the Discussion section with more physiopathological and
experimental data between the possible influences of FPG in increasing MPO.
Response: We have provided values of granulocites and the association between FPG and granulocites in the results section and discussed it.

2. I think that proposing a cutoff for treating hyperglycemia in ACS based on a surrogate of inflammation is far too speculative. In particular since big studies did not show any benefit from overtreating mild hyperglycemia.
Response: Thank your good question. We have revised and deleted the cutoff of hyperglycemia in our paper.