Author's response to reviews

Title: Association of the single nucleotide polymorphism in chromosome 9p21 and chromosome 9q33 with coronary artery disease in Chinese population

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Version: 2 Date: 01 Aug 2017

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Response to reviewers

Major comments:

1. In Study population, the authors write that the population were screened to evaluate suspected and established CAD, is it so that the controls were taken from that pool of "suspected" CAD? In that case, on what bases were they suspected? Can you really consider them to be healthy in that case? Does that affect the results in any way? Do these individuals then have the same risk of CAD as the background population or should they be considered high risk? In that case, the results could be affected. This needs to be discussed and clarified.

Reply: We thank the reviewer for this critical suggestion. In this regard, we acknowledge the limitation in the discussion section.

On page 6,

In this regard, the participants in control group may not absolutely healthy and the overestimation of the proportion of healthy participants could result in selection bias in our study.

2. In the statistical analysis section, page 4 rows 33-35 there is a description of a method used to investigate disease severity but no such results are presented, why?
Reply: Indeed, we did not investigate the disease severity via the measurement of the number of diseased vessels. Therefore, we removed this sentence.

Minor comments:

3. While describing the study population, the authors write that several patients were excluded, is this studied population drawn from a larger set of patients?

Reply: We should acknowledge that the whole population was consecutively enrolled and some of the enrollments were excluded. To clarify this confounding factor, we now state the exact enrollment in the methods section.

On page 3,

The study population consisted of 1,151 Chinese Han patients undergoing coronary angiography to evaluate suspected or established CAD. Sixty-four patients with type 1 diabetes mellitus were identified by measuring C peptide levels and excluded; we also excluded 52 patients with chronic viral or bacterial infections, tumors, or immune system disorders.

4. In several places in the results section it states hyperlipemia instead of hyperlipidemia, please correct.

Reply: As suggested, we now correct them throughout the text.

5. In the results section on baseline characteristics and enrollments there is a parameter called "serum usea nitrogen", in table one the parameter is BUN (blood urea nitrogen), so which is it, serum or blood? Also in the table 1 explanations there it says that BUN is blood urine nitrogen, please correct.

Reply: We have reviewed the data of laboratory examination and confirm that BUN (blood urine nitrogen) is right. Therefore, this term has been rewritten.

6. In the results, the table references are not correct.

Reply: We should acknowledge the mistake and correct them.

7. In results section rs1333049 is an independent determinant of the incidence of CAD, the authors write that they adjusted for traditional risk factors and also rs1333049. It is true that in a multivariate analysis all variables are entered together, however it is not customary to write that you adjust for the SNP that is your major question.
Reply: Thank you for the critical suggestion. We now rewrite this sentence as suggested.

On page 5,

To gain further insight into the role of rs1333049 in independently predicting CAD, multivariate logistic regression was performed to further analyze the data by adjusting for gender, age, history of smoking, diabetes mellitus, fasting glucose, hypertension and hyperlipidemia.

8. In the discussion, page 6 row 14, the authors start the sentence with alternatively, this is a wrong expression, on other hand, would be more appropriate.

Reply: We agree with the reviewer and rephrase the word.

9. In table 1, the label reads cholesterol, is this total cholesterol (as used in the text)?

Reply: We now correct the incorrect expression cholesterol.