Author’s response to reviews

Title: Relationship between ALDH2 Genotype and In-stent Restenosis in Chinese Han Patients after Percutaneous Coronary Intervention

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Author’s response to reviews:

Dear Editor:

We would like to thank the editor for giving us a chance to resubmit our paper entitled “Relationship between Aldehyde ALDH2 Genotype and In-Stent Restenosis in Chinese Han Patients after Percutaneous Coronary Intervention” (BCAR-D-18-00746). We modified the manuscript according to your suggestions.

Question 1. May I refer to my previous Comment, Point 7. The exact time when ISR developed is inaccessible, however, I believe the time of follow-up CAG was clear and relevant. Please, consider to include this information in the Method section, where you clarify the definition of ISR and in the Results section.

Answer: Thank you for your advice. We agree the opinion that you brought up and we added the information in the Method section, Results section and Table 1 (lines 155-156, line 241).
Question 2. I would raise some issues concerning your reply to my previous Comment 15, “Analysis for ISR as a continuous variable could be considered to confirm the findings.” You answered: “According to question 14 and our answer, we did not know the exact time of ISR; hence, we cannot analyze ISR as a continuous variable.” In general, the follow-up CAG is routinely done in 9-12 months after PCI. At least in one center, the time interval between PCI and follow-up CAG would be quite fixed. This point is also providing the reason that you can perform logistic modelling without including the time as a covariate. Therefore, please refer to previous comment and consider to including the information when the follow-up CAG was performed. Secondly, even when the exact time of ISR cannot be assessed. The analysis including ISR as a continuous variable is still possible and straightforward. In such a analysis, you could apply a linear regression to analyse reduction in the luminal diameter as a continuous variable instead of a logistic model to analyze a categorical variable of clinical relevant ISR (greater than 50% reduction). The confirmation from such a continuous analysis would consolidate your conclusion, and therefore very relevant.

Answer: Thank you for your advice. First of all, we should clarify that according to our national conditions and the treatment guidelines in China, the CAG isn’t a routine inspection for re-examination of PCI. And because of the poor compliance of Chinese patients, it is difficult to do regular disease re-examination in 9-12 months after PCI. And we used Kaplan-Meier method to analyze the relationship between the cumulative incidence of ISR and ALDH2 genotype in the CAG follow-up. The result we added in the Figure 3. (lines 219-222, lines 280-284)

Question 3. There are still a few typos. For instance, please, be consistent for “vs” or “vs.” with a fullstop. In table 2, you used “vs.” with a fullstop for “ALDH2*2 carriers vs. ALDH2*1, but used “vs” without a full stop elsewhere in the table. Please check this consistence throughout the paper.

Answer: Thank you for your advice. We used the word “vs” in the whole paper.

Question 4. It is unnecessary to capitalize all of the letters in heads of the tables, for instance for “VARIABLE”.

Answer: Thank you for your advice. We changed the letters in heads of the tables.

Sincerely,

Lizhi Lv, M.D
Dear Editor:

We are glad to hear that our paper entitled “Relationship between Aldehyde ALDH2 Genotype and In-Stent Restenosis in Chinese Han Patients after Percutaneous Coronary Intervention” (BCAR-D-18-00746) has been received. We modified the format according to your suggestions.

Sincerely,

Lizhi Lv, M.D