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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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. I hope this revision can meet your requirements and be accepted as soon as possible. I need this article to complete my graduation.

Question 1. Did you check if the follow-up time followed a normal distribution? If not, please provide an inter-quartile range of the follow-up as well.

Answer: Thank you for your advice. We provided the inter-quartile range of the follow-up on lines 157-160 and table 1.
Question 2. May I refer to my previous point 2. No matter the follow-up CAG is routine or not, for the 531 participants finally analysed, I assume that in-stent luminal diameter reduction was accessed first as a continuous variable. Could you apply a linear regression to analyse reduction in the luminal diameter as a continuous variable together with the 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. There are astonishing number of patients in China, in order to relieve the strain on medical workers that only calculated the degree of stenosis that the stenosis of stent is more than 50% according to coronary angiography report. There is no specific value degree of stenosis if the stenosis is below 50%, and then reported there is no obvious stenosis. Therefore, patients with non-ISR in this study did not have the specific value degree of stenosis so that could not be included in the logical model according to your opinion. According to ALDH2 genotype we grouped 183 patients with ISR into 3 groups then used non-parametric test to analysis the degree of stenosis between the three groups. (lines 157-160, 215-220, 310-314, 534-540, Figure 3)

Question 3. You probably have to reverse the curves in Figure 3, as they showed for free of ISR, not incidence rate of ISR. Moreover, I believe we agreed that the Kaplan-Meier Analysis was not relevant because the exact time-point of ISR was not sure. I would recommend to omit Figure 3.

Answer: Thank you for your advice. We deleted this part from manuscript.

Sincerely.

Lizhi Lv, M.D