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). 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. I Believe in the latest reply, the author missed my major concern. Please refers to "Should the angiographic images be re-accessed for those patients who had reduction in in-stent luminal diameter of lower than 50%. If the images are not available, please clarify this as a limitation in the Discussion". Could you comment on that? In the previous contact, you mentioned "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. " The busy schedule in daily practice of Chinese Clinicians are very much appreciated and it is understood that there is no clinical importance to report the reduction in in-stent luminal diameter less than 50%. However, for the scientific research, it is highly relevant.

Answer: We agreed with your point of view about that it is highly relevant for the scientific research. At the same time, we acknowledged the limitation that the angiographic images of those patients who had reduction in in-stent luminal diameter of less than 50% are not available. As for those patients, we would advise them to come back to the hospital for a check regularly. We added this part in discussion (lines 310-318).

Sincerely,

Lizhi Lv, M.D