Author’s response to reviews

Title: Red Cell Distribution Width Associated with Adverse Cardiovascular Outcomes in Patients with Chronic Kidney Disease

Authors:

Yueh An Lu (b101092104@tmu.edu.tw)
Pei Chun Fan (franwis1023@gmail.com)
Cheng Chia Lee (chia7181@gmail.com)
Victor Chien-Chia Wu (victorcwu@hotmail.com)
Ya Chung Tian (dryctian@cgmh.org.tw)
Chih Wei Yang (cwyang00@gmail.com)
Yung Chang Chen (cyc2356@gmail.com)
Chih Hsiang Chang (franwisandsun@gmail.com)

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Dear editors:

We appreciate very much for the comments of the reviewers and the editorial office to improve this manuscript. We have amended the manuscript as suggested. The manuscript has been rewritten accordingly and the responses to the comments of the reviewers are described in a point-to-point manner. We would appreciate very much if you could consider it for publication in BMC Nephrology after being further reviewed.

Yours sincerely,

First author: Yueh-An Lu, Pei-Chun Fan

Corresponding author: Chih-Hsiang Chang
Technical Comments:

1. Please include the role of the funding body with regards to this study in the Funding section.

Answer: Thanks for your recommendation. We’ve added the role of the funding body in the Funding section (page 20).

2. We have noted that there are two authors with the initials YC in the Authors’ Contributions section, please use different initials to differentiate between these authors, e.g. YCC for Yung Chang Chen and YCT for Ya Chung Tian.

Answer: We have revised the initials according to your suggestion. Thank you.

Giuseppe Silano (Reviewer 1): The study by Yueh-An Lu et al. analyzes the correlation between RDW and adverse cardiovascular outcomes in patients with CKD.

This topic has been discussed in several studies, and the Results of the present study are coherent with the literature.

The multivariable analyses normalized RDW values for the main cardiovascular risk factors, for demographic parameters and for other important confounding factors (hemoglobin, albumin, serum creatinine and LVEF) and found an association between RDW and adverse cardiovascular outcome.

With the limits described by the Authors in Discussion Section, the study is suitable for publication. No revision required.

Answer: Thanks for the comment of Dr. Sileno.

Marco Colucci (Reviewer 2): The relationship between RDW and mortality, especially by cardiovascular causes, has been a topic of increasing interest in last few years. In this retrospective study, Lu, Fan and Colleagues demonstrate an independent association between increased RDW and CV events in a multivariate model, after adjustment for several factors (LVEF, creatinine, Hgb, albumin, HTN, DM, etc.). Basically, the main point that can be moved

The main difference in this case is that a population affected by CKD was specifically selected; however, previous works already took into account renal function, pointing out again the independency of RDW as predictor of CV events.

Despite the topic is actually intriguing, this study does not provide any further insight in it.

Answer: Thanks for the comment of Dr. Colucci. The work of Osadnik, Tadeusz, et al. and Tonelli, Marcello, et al. focused on patients with coronary artery disease. The work of Arbel, Yaron, et al. was conducted in the community cohort. The work of Hsieh, Yao-Peng, et al. focused on CKD stage 3-5, while our work analyzed CKD stage 1-5. The follow up duration is also longer in our study (3 years vs 2.35 years). Our investigation suggested that the RDW is a clinical cost-effective tool with prognosticating implication of adverse CV outcomes.