Author's response to reviews

Title: Prediction of Left Ventricular Reverse Remodeling after Therapy with Angiotensin-Converting Enzyme Inhibitors or Angiotensin II Receptor Blockers and beta Blockers in Patients with Idiopathic Dilated Cardiomyopathy

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Author's response to reviews: see over
Dear Drs. Picano and Sicari:

RE: MS. No. 1510347942160042. “Prediction of Left Ventricular Reverse Remodeling after Therapy with Angiotensin-Converting Enzyme Inhibitors or Angiotensin II Receptor Blockers and β Blockers in Patients with Idiopathic Dilated Cardiomyopathy”.

Thank you for your kind letter of March 9, 2015. We are most grateful to you and the referees for helpful comments on the revised version of our manuscript. We have taken all these comments into account and submit, herein, a new revised version of our paper.

We have addressed all the comments by you and the referees, as indicated on the attached pages, and we hope that the explanations and revisions of our work are satisfactory.

We hope that the revised version of our paper is now suitable for publication in the CARDIOVASCULAR ULTRASOUND and we look forward to hearing from you.

Yours sincerely,

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Response to Reviewers

Reviewer: Quirino Ciampi

Reviewer's report: The paper quite improved rather than the previous version but remain critical points compared to previous version, however remain same criticisms

1. The study population is too small (only 44 patients)
2. The role of atrial fibrillation (no difference between LVRR+ and LVRR-)
3. The evaluation of LVRR and systolic function with LV diameters and LV fractional shortening instead of LV volumes and LV ejection fraction
4. The authors should report in a table the difference between first and last echocardiographic parameters.

1. The study population is too small (only 44 patients)
I agree with the reviewer's comment. Although the number of study patients was small, it is not possible to change patient number because of the retrospective study. I have corrected the identical sentences in the last section of Discussion, as follows: Further studies especially with a large number of patients are required to confirm the results of the present study (revised manuscript, page 13, line 4-6).

2. The role of atrial fibrillation (no difference between LVRR+ and LVRR-)
The presence of atrial fibrillation was 40% in patients with LVRR and 14% in those without ($p = 0.067$). As the reviewer noted, there was no statistically significant difference. In our clinical experience, however, IDC patients with smaller LV together with atrial fibrillation (not fulfilled with definition of tachycardia-induced cardiomyopathy) appear to show LV reverse remodeling. Thus, we tried to analyze combined information on LV size and heart rhythm at diagnosis.

3. The evaluation of LVRR and systolic function with LV diameters and LV fractional shortening instead of LV volumes and LV ejection fraction
As the reviewer suggested, LV volumes and LV ejection fraction would be theoretically suitable. However, the present study was retrospective and echocardiography was performed in routine clinical practice. Thus, indexed LV diameters/volumes and LVEF were not available. I have stated in Discussion, as follows: although all patients showed basically diffuse LV wall motion abnormalities, calculated LVFS would not be a representative estimate of systolic function, particularly when regional abnormalities
were present (revised manuscript, page 12, line 16-17- page 13, line 1).

4. The authors should report in a table the difference between first and last echocardiographic parameters.

According to the reviewer’s comment, I have added a new Table 3. I have also corrected the identical sentences in the Results, as follows: Initial and last echocardiographic parameters are shown in Table 3 (revised manuscript, page 9, line 5-6).
Reviewer: Bogdan Alexandru Popescu
Reviewer's report: The paper has improved after revision

I really appreciate the reviewer’s comments to improve our paper.