



Reply

Reply letter to: A letter to the editor on “Development and validation of a nomogram predicting the probability of type a aortic dissection at a diameter below 55 mm: A retrospective cohort study”


Thank you for the invitation to respond to the letter from Dr. Li et al. Our distinguished colleagues raised some important points covered in our article of “Development and validation of a nomogram predicting the probability of type A aortic dissection at a diameter below 55 mm: A retrospective cohort study” [1]:

1. As all the research subjects had been diagnosed of type A aortic dissection (AAD), there is a question of how to predict the possibility of developing AAD since all these subjects had been diagnosed to have AAD? Thus, a prospective study to compare the nomogram model of predicting the possibility of AAD with CTA is a more appropriate study.
2. We wonder what endpoints did the authors used as all the subjects in the two groups were diagnosed to have AAD, and no non-AAD patients were included in the study.
3. Multiple inflammatory and thrombotic biomarkers were closely related to aortic dissection. However, laboratory indicators were not included in our model.
4. It is hard to understand why a patient without any cardiac surgery had the added possibility of developing AAD.
5. It is ambiguous as to what gender “0” and “1” represented.

Concerning point 1 to 4, Dr. Li et al. actually have misunderstood our investigation purpose. Of note, the aim of our study was to predict patients who might develop AAD at a smaller diameter (below 55 mm), but not to predict the possibility of developing AAD. We stratified the study population into two groups based on the aortic diameter (< 55 mm or ≥ 60 mm) and explored the differences using univariable analysis followed by multivariable logistic regression, which was then presented as a nomogram for clinical convenience. Accordingly, the endpoint of our research was the aortic diameter in the setting of AAD rather than AAD itself.

Regarding point 5, we are very sorry for our negligence of not pointing out what gender “0” and “1” indicated in the figure legends. So, “0” means female and “1” means male. If necessary, we would like to provide a new nomogram or add the missing legends to the figures.

Ethical approval

This retrospective study had the approval from the local ethics committee, with informed consent not required. Judgement's reference

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Author contribution

Conception and design: Jinlin Wu, Juntao Qiu.
 Analysis and interpretation: Jinlin Wu, Wenxiang Jiang.
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 Critical revision of the article: Liang Zhang, Rui Zhao.
 Final approval of the article: Cuntao Yu.
 Statistical analysis: Jinlin Wu, Jiawei Qiu.
 Obtained funding: Cuntao Yu.
 Overall responsibility: Cuntao Yu.

Conflicts of interest

None.

Trial registry number

A multicentre registration study of aortic dissection in China (ChiCTR1800015338).

Guarantor

Cuntao Yu.

Provenance and peer review

Not Commissioned, internally reviewed.

Data statement

No data were applicable.

Reference

- [1] J. Wu, J. Qiu, W. Jiang, J. Qiu, L. Zhang, R. Zhao, et al., Development and validation of a nomogram predicting the probability of type A aortic dissection at a diameter below 55mm: a retrospective cohort study, *Int. J. Surg.* 60 (2018) 266–272.

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