

Manuscript 30531 – Answering Reviewers

“Environmental tobacco smoke exposure and heart disease -  
A systematic review”

by P.N. Lee et al

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I thank the three reviewers for the time they spent reviewing my paper and for the helpful comments that they have made. Below I reply to the various points raised.

1. **Reducing the length of the abstract**

This was referred to directly by reviewers 00227470 and 01593993 and implied by reviewer 02794723. The abstract has now been shortened considerably from an original 865 words to 647 words in the revision. We hope that the revision is now of an acceptable length.

2. **Reducing the length of the paper itself**

Again all three reviewers referred to the need to do this. Again this has been shortened considerably from an original 7,275 words to 5,999 words in the revision. This is despite an extra subsection of the abstract of 211 words being added to deal with point 5 below. We note that reviewer 02794723 referred to the need for a “shortening and better presentation” as the original was thought to be “confusing”, though it was not made clear specifically where the confusion lay. In the process of shortening the paper we have also tried to make the presentation as clear as possible, and hope that the revision is no longer confusing. However, if the reviewer still finds parts of the paper confusing, and were to indicate which parts, we could attempt further revision.

3. **Delete the first sentence of the introduction**

Reviewer 00227470 suggested delete the original first sentence “This review considers results from 58 studies of ETS and heart disease in lifelong non-smokers (“never smokers”)<sup>[1-57]</sup>, one publication<sup>[40]</sup> describing results from two studies.” Presumably the reviewer considered that we should not, in the introduction, include

what are effectively results (of the search). This first sentence has been revised merely to state that “This review concerns studies of environmental tobacco smoke (ETS) and heart disease in lifelong non-smokers (“never smokers”)”. The results of the searches now appear in the first two sentences of the results section of the revision “Fifty-eight studies met the inclusion criteria. These came from 57 publications<sup>[25-27, 29-82]</sup>, one publication<sup>[66]</sup> describing results from two studies”.

4. **Please provide the flow chart of study identification**

As for the earlier review we published in world Journal of Meta-Analysis, on ETS and lung cancer, we did not provide a flow chart of study identification. This was because both the reviews have been continuously updated over time in reports made available on our company website every 18 months to 2 years for many years. At each time of update we carried out searches to detect recently published relevant studies, and we do not still have complete details of the history, which would in any case be of little interest to the reader. The section on “literature searches” included in the methods section of the paper submitted is essentially equivalent in amount of detail to that which was given in the lung cancer paper.

5. **Reference to results for other diseases and for overall mortality**

Reviewer 01593993 noted that “Besides, tobacco is also related to other diseases such as chronic obstructive pulmonary disease, several types of cancer, etc. The risk of suffering from these diseases may also be increased by passive smoking. Thus, the selection of a more complete endpoint (either all-cause death or a combined of death, COPD, cancer or ischemic heart disease) could be more realistic as most potentially lethal disturbances related to tobacco would be included. Please llaborate [sic] on that or try toperform [sic] this analysis with one of these endpoints is available” It should be noted that the objective of the paper was to review the evidence on ETS and heart disease, not all possible health effects of ETS. However, we have now included in the discussion a short section headed “Association of ETS with other diseases”. This points out that my group have already published separate reviews of ETS and lung cancer, breast cancer, other cancer and stroke. Also, that a further paper, on ETS and COPD, has been submitted to World Journal of Meta-Analysis. In the discussion, we note that, for stroke, COPD, lung cancer and breast

cancer, the evidence shows an association with ETS which is of similar magnitude to that for heart disease (RR about 1.2), though pointing out that all the associations are subject to various biases. That section also notes that studying total mortality in prospective studies may avoid some of the biases and that some of the heart disease studies cited also give results for total mortality. However, looking at total mortality would require a separate systematic review, which is beyond the scope of the current paper, on heart disease.

6. **Red-lined and non-red-lined versions**

To assist the reviewers I have submitted two versions of the revision. One simply shows the latest version. The other shows red-lined changes from the original version, except that red-lining relating to papers cited has been removed. This is because the change to the first reference of the introduction has meant that all the references are re-numbered, though no new ones have been introduced.