Subject: NEJM Correspondence No. 07-6088 Date: Wed, 28 Mar 2007 16:17:36 -0400

From: "Letter" < letter@nejm.org>

To: <jenstrom@ucla.edu>

Dear Dr. Enstrom,

I am sorry that we will not be able to print your recent letter to the editor regarding the Kaufman article of February 1. The space available for correspondence is very limited, and we must use our judgment to present a representative selection of the material received. Many worthwhile communications must be declined simply for lack of space.

Sincerely yours,

Gregory D. Curfman, M.D. Executive Editor New England Journal of Medicine

GDC:11

This email message is a private communication. The information transmitted, including attachments, is intended only for the person or entity to which it is addressed and may contain confidential, privileged, and/or proprietary material. Any review, duplication, retransmission, distribution, or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is unauthorized by the sender and is prohibited. If you have received this message in error, please contact the sender immediately by return email and delete the original message from all computer systems. Thank you.

Subject: RE: NEJM Letter of the Editor Date: Fri, 23 Feb 2007 11:50:40 -0500 From: "Letter" < letter@nejm.org>

To: "James E. Enstrom" < jenstrom@ucla.edu>

Dr. Enstrom,

Your letter will be given to the editor for consideration, and you will be informed of the final editorial decision via fax or e-mail.

Sincerely, Lauren Lindenfelser Senior Editorial Coordinator New England Journal of Medicine From: James E. Enstrom [mailto:jenstrom@ucla.edu]

Sent: Thursday, February 22, 2007 1:05 PM

To: Letter

Subject: NEJM Letter of the Editor

February 22, 2007

Dear Lauren,

Because I could not submit it electronically late yesterday, I have attached my Letter to the Editor on the following paper in the February 1, 2007 *N Engl J Med*: Miller KA, Siscovick DS, Sheppard L, et al. Long-term exposure to air pollution and incidence of cardiovascular events in women. *N Engl J Med* 2007;356:447-458.

Please acknowledge receipt of this letter and let me know if you need any additional information.

Thank you very much.

Best regards,

James E. Enstrom, Ph.D., M.P.H. jenstrom@ucla.edu (310) 825-2048

This email message is a private communication. The information transmitted, including attachments, is intended only for the person or entity to which it is addressed and may contain confidential, privileged, and/or proprietary material. Any review, duplication, retransmission, distribution, or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is unauthorized by the sender and is prohibited. If you have received this message in error, please contact the sender immediately by return email and delete the original message from all computer systems. Thank you.

James E. Enstrom, Ph.D., M.P.H.
University of California
Box 951772
Los Angles, CA 90095-1772
jenstom@ucla.edu
(310) 825-2048
(310) 476-9110 FAX

New England Journal of Medicine Letter to the Editor

It is important to better understand the strong relationship between PM2.5 exposure and cardiovascular disease (CVD) mortality recently reported among a cohort of 58,610 women (1). The cohort had 349,643 women-years of follow-up (median age of about 66 during an average 6 year follow-up period ending in August 2003) and 261 observed CVD deaths. The expected number of CVD deaths (ICD10 = I00-I78) among an average cohort of this description is roughly the women-years times the annual CVD death rate for US females aged 65-69 years in 2000 (2): 349,643 x 0.004721 = 1650. Since the ratio of observed to expected deaths, as estimated above, is only 0.16, the authors should calculate the actual ratio for both CVD and total mortality. If this cohort indeed has an extraordinarily low death rate because of selection criteria or other factors, the reported PM2.5 relationship may not be representative of that among typical US women. Much weaker relationships have been found in other large cohorts that include subjects that are more like typical US women (3-5).

Conflict of Interest

I have no conflict of interest with respect to the above letter. This letter deals with a basic epidemiologic issue that should be addressed by the authors in the best interest of all readers.

References

- 1. Miller KA, Siscovick DS, Sheppard L, et al. Long-term exposure to air pollution and incidence of cardiovascular events in women. *N Engl J Med* 2007;356:447-458.
- 2. National Center for Health Statistics, Data Warehouse. GMWK291R Death Rates for 113 Selected Causes by 5-Year Age Groups, Race, and Sex: United States, 1999-2003. Worktable 291R, Plate 2, Page 160(http://www.cdc.gov/nchs/data/statab/Mortfinal2003_worktable291r.pdf).
- 3. Krewski D, Burnett RT, Goldberg MS, et al. *Reanalysis of the Harvard Six Cities Study and the American Cancer Society Study of Particulate Air Pollution and Mortality: Special Report. Part II. Sensitivity Analyses.* Cambridge, MA: Health Effects Institute, 2000 (http://www.healtheffects.org/Pubs/Rean-part2.pdf).
- 4. Pope CA III, Burnett RT, Thun MJ, et al. Lung cancer, cardiopulmonary mortality, and long-term exposure to fine particulate air pollution. *JAMA* 2002;287:1132-1141.
- 5. Enstrom JE. Fine particulate air pollution and total mortality among elderly Californians, 1973-2002. *Inhalation Toxicology* 2005;17:803-816.