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:ll

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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
February 22, 2007

Dear Lauren,


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

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New England Journal of Medicine
Letter to the Editor

It is important to better understand the strong relationship between PM$_{2.5}$ 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 PM$_{2.5}$ 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


