Response

We thank Drs in ’t Veld and Arbous for their positive response and constructive comments regarding our manuscript.

We demonstrated that patients undergoing noncardiac major vascular surgery who died during their hospital stay, excluding those who died after >30 days of continuous hospital stay, had significantly lower statin use than controls, who were selected from among vascular surgical patients who survived the hospital stay or 30 days, whichever came first. We agree with Drs in ’t Veld and Arbous that patients who survived surgery and were dismissed from the hospital alive could never become a case, and nonrandom misclassification could have occurred. However, the majority of fatal events after vascular surgery occur within 72 hours, and the incidence of such complications is extremely low in the period from hospital discharge to 30 days (<0.5%). Therefore, for practical reasons, we did not attempt in retrospect to complete a follow-up of all 2816 patients up to 30 days.

Drs in ’t Veld and Arbous further suggested that analyses stratified by type of surgery would have been of additional benefit. We agree with this comment, and actually we have performed our analysis accordingly. In the Results section (p 1849), we indicated that there was no evidence of a heterogeneity in the difference of statin use between cases and controls according to type of surgery.

A third comment relates to the quality of the presented data. We would like to emphasize that drug use was not based on interview data only. Actually, data were retrieved from all medical records, including referral notes of the general practitioner, as well as patient discharge letters. Therefore, we consider these data to be reliable.

The final comment about the importance of missing data in a retrospective study is well taken. However, we do not report any missing data in this study.

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