Analyses  
  
Lines 72-73  
"Cox semi-parametric regression models were used to generate multivariate models and adjusted survival curves."  
  
Here and elsewhere: Multivariate is sometimes used to describe multiple [Cox] regression - as performed here -  but strictly, applies when the there is more than one response [dependent] variable. Suggest: univariable [or multivariable] model when referring to explanatory variables.

Au Response: The authors agree and this has been changed throughout.  
  
The test used to compare survival curves - perhaps the log-rank - is not mentioned in the statistical methods. Please address this.

Au Response: The log rank for unadjusted survival has been added to the statistical methods.

"Test for proportionality were carried out by visual inspection of Schoenfeld residuals and formal hypothesis testing of covariate by log (time) interactions."  
  
In figures 4 and 5, survival curves cross, suggesting that after adjusting for covariates, hazards are no longer proportional which indicates that a log-rank test for comparison might be inappropriate.   
Minimally, this should be addressed in the rebuttal.

Au Response: The authors appreciate the reviewers concern. The authors are comfortable with results as presented given the distribution of Schoenfeld residuals coupled with the non-significant log (time) interaction, and that the crossing of survival curves occur at the end of the survivorship where there are few observations. However, the reviewer’s additional remarks have allowed the authors to do a deeper dive into the data resulting in an improved refitting of the model where the stratum do not change rank, and result in better AIC model fit. The authors thank the reviewer for this concern and suggestion and feel that has improved the manuscript.

Lines 115-117  
"Multivariate analysis was used to determine the effect of PG on survival in the presence of the other covariates (age and sex)."  
  
In univariable analysis, sex did not have significant effect on survival. It might be appropriate to include sex in the multivariable model despite this based on biologic plausibility or previously acquired data, but a more complete explanation would be appropriate. Did its inclusion improve model fit?

Au Response: The authors agree with the reviewer and have re-fit the model without gender resulting in a better model referenced in a previous query. This has resulted in new adjusted survival based upon age alone. The authors thank the reviewer for this suggesting as it has improved the manuscript.  
  
  
  
Lines 119-121  
"For cardiac cause mortality, survival was again more favorable for both mild (p < 0.0001, HR = 0.026, CL = 0.007 - 0.102) and moderate groups (p =0.0002, HR = 0.208, CL = 0.091 - 0.472) compared to the severe group (Figure 5).  
  
The analysis of "cardiac cause mortality" might present a problem of "competing risks". Presumably noncardiac deaths were censored which prevents the patient from reaching the end-point of cardiac death. It might be that patients with different gradients are more - or less - likely to develop noncardiac disease, and if fatal, censoring is then related to prognosis which is a violation of the assumption that censoring is "non-informative". Unless a suitable rebuttal is provided, the analyses of cardiac mortality probably should be deleted. Minimally, the proportions of patients in the various categories that died of noncardiac disease should be presented.   
  
Au Response: The authors agree with the reviewer and do not feel that an additional competing risks regression will improve the manuscript. Per the reviewers suggestion, the authors have removed the cardiac specific portion of the analysis and have presented a table indicating the of proportions of patients in the various categories that died of cardiac and non-cardiac disease.

Figures  
Perhaps the copy of figure 3 that I received was incomplete. There is no inset, and the legend does not account for the dotted lines which presumably represent the confidence intervals about the spline curve. Based on the textual description, the ordinate is the log of the hazard ratio. If that is the case, and the PG is treated as a continuous variable, risk seems to decrease for each mmHg increase as PG approaches 50, the HR is less than 1 until the gradient exceeds approximately 75 mmHg and then decreases for very high gradients. A more completely descriptive legend is required and it might be appropriate to provide a description of this curve that places these data in clinical context.  
Minor point: was this curve developed in SAS or perhaps in R? If the latter that should probably be made clear in the footnotes so that another investigator could replicate this work.

Au Response: The authors apologize for this oversight. Yes, the dotted lines are confidence intervals of the spline curve. As the reviewer has suggested, a more complete legend has been furnished, greater description of interpreting the curve has been placed in the results, and reference to this curve being constructed with a penalized spline in R has been added to the statistical methodology. The authors thank the reviewer for this suggestion and feel it improves the manuscript.