More Fundamental and Practical Indices Based on the Data Analysis of NIPPON DATA 80 Might Be Needed for Clinical Settings – Reply –

Thank you very much for your comments on our risk assessment chart, the purpose of which is to provide a tool for patient education as other similar charts have done in New Zealand and as stated by the World Health Organization. Therefore, it is not an appropriate tool for developing study protocols or estimating NNT (number of needed to treat), which should be calculated from the results of clinical trials. To estimate NNT or death rates by a risk factor level, it may be useful to refer to other NIPPON DATA80/90 papers that have death rates and estimated hazards ratios for cardiovascular diseases by individual risk factors.

It is true that a computer-based risk chart would also be useful for patient education. We have already developed software for such a program and expect that it will be released within a couple of months by the Japan Atherosclerosis Society. We hope that this will be a useful tool for both clinician and patient education. The program displays a person’s absolute and relative risks compared to those with no risk factors.

In the paper that you cited, the beta values for each risk factor were not shown, but have been published elsewhere and we refer you to reference number 19 of that paper. You also note that the goodness of fit is not described in the NIPPON DATA risk chart model. However, our risk chart is not made to estimate mortality deterministically, but rather, to motivate lifestyle-modifying behavior. Therefore, we do not believe that including the data fit statistics is a helpful addition to the risk chart model.

References

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