

The Reply:

We appreciate Mirrakhimov's interest in our recent article in *The American Journal of Medicine*¹ investigating the relationship of sleep apnea and incident deep vein thrombosis. We would like to clarify some of his concerns. To eliminate the possible confounding effect of cancer patients with different cancer types and stage, we have analyzed again after excluding all patients with a pre-existing cancer diagnosis, and the relationship between sleep apnea and deep vein thrombosis remained evident in a Cox model (hazard ratio 3.314; 95% CI, 1.489-7.375; $P = .003$) as well as in a Kaplan-Meier analysis (log-rank test, $P = .001$). Similarly, even though medication for statin is incorporated into our analyses, there also is a significant impact of sleep apnea on incident deep vein thrombosis (hazard ratio 3.127; 95% CI, 1.523-6.421; $P = .002$). Additionally, subjects with incident deep vein thrombosis can be traced until death or the end of 2007. Except for 7 subjects with prior history of cancer, none of the remaining 33 deep vein thrombosis cases had developed cancer during a median follow-up period of 1.41 years (interquartile range 0.43-3.33 years).

Funding: None.

Conflict of Interest: None.

Authorship: Both authors had access to the data and played a role in writing this manuscript.

Despite this, we agree with Mirrakhimov that the study design with the use of an administrative database could not provide data on some possible confounders, such as cigarette smoking, body weight, physical activity, and diets. We have acknowledged this shortcoming in the discussion section of our article. This retrospective study also cannot provide data containing detailed hemophilia survey, which may await a prospective study to accomplish.

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<http://dx.doi.org/10.1016/j.amjmed.2012.04.042>

Reference

1. Chou KT, Huang CC, Chen YM, et al. Sleep apnea and risk of deep vein thrombosis: a non-randomized, pair-matched cohort study. *Am J Med.* 2012;125:374-380.