Letters to the Editor

Authors' Reply

To the Editor:

Benedek and colleagues note that African American patients had more medical comorbidities and were more likely to receive treatment from hospitals that were either academic or had percutaneous coronary intervention capabilities. We agree that this is an interesting observation. To separate the potential for confounding from this and other differences in the populations, we controlled for hospital characteristics (including teaching status) and medical comorbidities. In addition, we utilized the generalized estimating equation in our models to account for clustering of hospitals.

The authors also note that the median door-to-balloon (DTB) time is higher in females than in males. They question whether this could impact the observation that there were gender-specific racial disparities. We agree with the observation that the median DTB is higher in females than males; however, these small differences in the groups would not affect the ability to show significant differences in either median DTB or the proportion of women who have a DTB ≤90 minutes.

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