

## **Author's response to reviews**

**Title:** Prenatal Exposure to Tetrachloroethylene-Contaminated Drinking Water and the Risk of Congenital Anomalies: A Retrospective Cohort Study

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Response to Editor's and Reviewers' Comments

Thank you for your quick and thoughtful review. We have made most of the changes suggested by the reviewers (see below).

Editor's Comments

1. The email addresses have been re-formatted.
2. All bolding and underlining have been removed.
3. All Tables now have grid lines and borders.

Reviewer 1 (Frank Bove)

1. "Are" was added to the last sentence of the abstract.
2. The lack of a dose-response relationship for neural tube defects is now mentioned in the results, discussion, and conclusion sections. The association for oral cleft association also now receives more emphasis than the association for neural tube defects
3. Exposure misclassification was already covered in the discussion. No additional changes were made.

Reviewer 2 (Sylvaine Cordier)

1. The routes of PCE exposure were added to the Introduction.
2. The reason for the inclusion period (1969-1983) was added to the methods section on the selection of the study population.
3. The expertise of the individual who inspected the maps was added to the methods section on the selection of the study population.

4. The reason for the small number of reviewed medical records was added to the methods section.
5. An analysis of major malformation was conducted and the results were virtually identical to those for all malformations. These results were added to the manuscript.
6. Our model did not take seasonal variation in temperature into account. This limitation was added to the section on exposure assessment.
7. Yes, the date of the last menstrual period was the only measure available for dating the beginning of pregnancy.
8. We have not found an association between prenatal PCE exposure and pregnancy loss (Aschengrau et al., Exposure to Tetrachloroethylene-Contaminated Drinking Water and the Risk of Pregnancy Loss. *Water Quality, Exposure and Health* (2009) 1:23-34). In addition, this variable did not turn out to be a confounder in the present analysis (see methods section).
9. The small number of cases limited our ability to control for confounding. This problem would not be solved by a backward procedure because no more than a couple of confounders can be included in the multivariate model.
10. Our limited ability to control confounding and its impact on the findings are described in the discussion section.