Reviewer's report

**Title:** Anti-centromere antibody-seropositive Sjogren’s syndrome differs from conventional subgroup in clinical and pathological study

**Version:** 1  **Date:** 5 April 2010

**Reviewer:** Wan-Fai Ng

### Reviewer's report:

**Major Compulsory Revision**

1. Since all the ACA+ patients are negative for anti-Ro/La antibodies while 80% of the comparison group of ACA- patients are positive for anti-Ro/La antibodies, have the authors investigated whether the observed difference between the ACA+ and ACA- groups simply or at least partially reflecting the difference between Ro/La+ versus Ro/La- primary Sjogren's syndrome? Using an additional Ro/La negative pSS group for comparison will be needed to address the above.

2. As the authors pointed out, a significant proportion (up to 60%) of ACA+ primary Sjogren's syndrome patients developed CREST syndrome in follow-up. It would be helpful to have data on disease/symptom duration (and years of follow-up) on the 2 patient groups. In addition, I would be interested in the authors' view on whether to classify those patients who subsequently develop CREST syndrome as having primary Sjogren's syndrome or CREST syndrome with secondary Sjogren's syndrome or primary Sjogren's syndrome-CREST overlap? This is obviously a controversial area.

**Minor Essential Revisions:**

While defining "subsets" of primary Sjogren's syndrome patients is a worthwhile clinical question to address, personally I am not sure how "important" it is from a clinical perspective to know that ACA+ have higher prevalence of Raynaud's phenomenon and lower titre of IgG. The finding of lower focus score and more "fibrotic" changes among ACA+ pSS patients is more interesting, but without information on disease duration for instance make the data harder to interpret, and as mentioned earlier, could this reflect the difference between Ro/La+ versus Ro/La- instead? Therefore, the author should justify why these clinical and laboratory differences between the groups are important

**Discretionary Revisions**

It would perhaps be more interesting to know whether the ACA+ pSS patients have more (or less) serious complications such as pulmonary hypertension (which can complication CREST patients), lymphoma, and whether the severity of their dryness and fatigue symptoms varies, their long-term prognosis and perhaps response to therapy etc..

**Level of interest:** An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.