Author's response to reviews

Title: The outcome of total ankle arthroplasty and ankle fusion in rheumatoid arthritis: a systematic review.

Authors:

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Author's response to reviews: see over
Dear editor, Mr. Shipley and dear peer reviewers, Mr Barg, Mr. Onodera & Mr van Raaij

On behalf of all authors, we hereby submit the second revised manuscript “The mid-term outcome of total ankle arthroplasty and ankle fusion in rheumatoid arthritis: a systematic review” by Jacqueline van Heiningen, Thea Vliet Vlieland and Huub J.L. van der Heide for publication as a Systematic Review in BMC Musculoskeletal Disorders.

We would like to thank the reviewers for their efforts to peer-review our manuscript and for giving us their useful comments. The last comments have been adopted in the manuscript as far as it was feasible. As we only received additional questions and suggestion form Mr van Raaij, we assume the third reviewer doesn’t have any further questions and we thank Mr Onodera for his final comment “I think that this manuscript is improved and are now deserving an acceptance for BMC Musculoskeletal Disorders.”

Comments of T.van Raaij

Major compulsory revisions: The authors have satisfactorily commented on the quality assessment tools used. However why do they not use a cut of value? They state that the maximum score is 14 on their scale, you can argue that a score of 50% or more (> 6) is an adequate study. (van Tulder et al. Spine 2003). I would suggest to include only adequate studies in the review. Than you avoid the conclusion that all studies were of low methodological quality, and makes the review outcome stronger.

We agree with the reviewer that it would be nicer to only include studies with a moderate or good methodological quality. Therefore we included only the studies with a methodological score of seven or higher; however, as only one study in the fusion group has a score of seven and this study didn’t describe the pre-operative scores we can’t draw any conclusions. In our view this is comparable with the conclusions of our manuscript that we have to be careful with the conclusions due to the low methodological quality. We added a sentence in the methods of the manuscript to explain this issue.

If the authors choose to use the GRADE methodology than this should also be mentioned in the methods paragraph and the outcomes in the results paragraph.

We added two sentences in the respective parts.
Minor essential

Minor essential revisions: abstract: studies with mobile bearing prosthesis were included. Does that mean that no Northern American studies for TAA (using fixed bearing) were considered to fit this review? Please comment

The reviewer is right that in Northern America in the majority of cases a second generation (fixed bearing) prosthesis is used, as far as I know the only third generation (mobile bearing) implant “STAR” is approved by the FDA.

Discretionary revisions:
One of the included TAA was conducted by one of the authors of this review. To avoid conflict of interest I would suggest to use an independent quality assessor to score this study.

This is an important point which we didn’t realize before. We asked the third author to score the article blinded and this author obtained the same score of 6 points. We also added a sentence about this point in the methods part.

We hope that this revised manuscript will be successfully considered for publication in BMC Musculoskeletal disorders, and we look forward to your reply.

On behalf of all co-authors, Yours Sincerely,

H.J.L van der Heide, MD PhD,
consultant orthopaedic surgeon