Reviewer’s report

Title: Impact of Efalizumab on Patient-Reported Outcomes in High-Need Psoriasis Patients: Results of the International, Randomized, Placebo-Controlled Phase III Clinical Experience Acquired with Raptiva (CLEAR) Trial [IMP24011]

Version: 1 Date: 12 October 2005

Reviewer: Dan J Pearce

Reviewer’s report:

This is a novel, well written, manuscript that focuses on patient centered outcomes in patients with moderate to severe psoriasis. Understanding patient perspectives regarding treatments is important and may lead to better insight on behalf of the clinician which will lead to better medical decision making. Specifically, this manuscript reports the effect on efalizumab on a population of patients who are not eligible for traditional systemic or phototherapies as they are classified as "High-Need." I don't quite understand this stratification. In most of the world, biologics such as efalizumab are not considered first line (phototherapy and systemics are) therapy because of cost and unknown adverse events, selecting out this subset does not add strength of the data that clearly shows that patients "feel" better with efalizumab as indicated by the patient centered outcomes. Furthermore, the relative lack of difference in the measures between the "High-Need" group and the efalizumab treated group may support that this designation is relatively arbitrary.

3.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Need to briefly mention the limitations of the DLQI and other measures. Also, we really don't have a firm understanding on what is a meaningful improvement in the DLQI, i.e. a Minimally Important Difference or MID. Statistical significance is great, but if the change is not clinically meaningful then the message is convoluted.

I would like to see any statistical significance attained with the adverse events even though this study is not powered necessarily to detect this.

there is a relatively high degree of subjectivity in the determination of the high need cohort that needs to be recognized. for example

Psoriasis is typically a chronic disease and considering 36 month safety data "long "term is inappropriate since one major concern is an increased risk on malignany in the future. Furthermore, aplastic anemia seems to be more prominent with longer courses of treatment.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

The figures are mislabeled; the legend uses 1a, 1b, 2a, 2b and they are labeled 1-4.
Discretionary Revisions (which the author can choose to ignore)

In the abstract "regardless of disease severity" is mentioned in the abstract as far as the efficacy. I think this should be stressed again in the discussion.

Should sulfasalazine be mentioned as a med for which the HN cohort did not qualify?

**What next?**: Accept after minor essential revisions

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

**Quality of written English**: Acceptable

**Statistical review**: No

**Declaration of competing interests**: I have received indirect research support through an unrestricted educational grant to my affiliated department. Additionally, I serve on the speakers' bureau for Biogen Idec.