Author's response to reviews

Title: Yoga for Managing Knee Osteoarthritis in Older Women: A Pilot Randomized Controlled Trial

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Dear Dr. Rowles,

Thank you and the reviewers for the comments that helped further clarify the manuscript. This letter is written to give a point-by-point response to the concerns raised by reviewer 1. The comments from the reviewer along with how they are addressed in the revised manuscript are listed below.

Major Compulsory Revisions:

1. Page 19 In making the statement “Results from this pilot study will provide the effect size needed for calculating the sample size for a future RCT which will be adequately powered to detect expected differences in efficacy outcomes.” consider revising based on the work by Kraemer et al [Ref: Kraemer, HC, J Mintz, A Noda, J Tinklenberg, and JA Yesavage. Caution regarding the use of pilot studies to guide power calculations for study proposals. Arch Gen Psychiatry. 2006; 63(5): 484-9.

Thank you for bringing the article to our attention. After reviewing the article, we agree that the effect sizes from a small pilot study such as ours should not be used to determine the sample size in the main study. The statement is now changed to “Results from this pilot study will lead to a better-designed main study and serve as a discussion point about setting a threshold value for calculating the sample size.”

Minor Compulsory Revisions:

1. Page 6: Please revise this sentence “Participants in the wait-list control had a second baseline data at the end of the first eight weeks before participating in the yoga intervention.” There is a missing word after “second baseline data” – collection? Consider revising this sentence to improve clarity.

The sentence has been revised. The word “collection” is added after “second baseline data” to improve clarity on page 6 under the methods section.

2. Page 11: The description of the timing of data collection is confusing. In the methods, the authors state, “Data were collected from both groups at baseline, 4 weeks (during active treatment only), 8 weeks, and 20 weeks.” It seems that the
The timing of data collection between the two groups is clarified by describing them separately on page 7:

*Data were collected at baseline, 4 weeks, 8 weeks, and 20 weeks from the treatment group. Only baseline and 8 weeks data were collected from the wait list control group for between-group comparisons before they received the intervention. Once the wait list control group started the intervention program, the same data collection protocol that were used for the treatment group applied.*

And on page 11:

*Both primary and secondary measures from the treatment group were collected at baseline, 4 weeks, 8 weeks, and 20 weeks. Participants in the wait list control were instructed to carry on their usual care for 8 weeks. Their outcome variables were assessed at baseline and 8 weeks after randomization into the trial. The 8 weeks data from the wait list control group also served as the second baseline before their intervention began. Once the wait list control group started receiving the intervention, additional data were collected at 4 weeks, 8 weeks, and 20 weeks. All feasibility measures were collected throughout the intervention program and at 20 weeks follow-up.*

3. **Page 10 – Spelling error – change “presence” to “present” as in “present in all yoga classes”**

The word “presence” is changed to “present” as in “present in all yoga classes” on page 10.

4. **I suggest moving information on sample size to the methods rather than the discussion. This would be helpful as the authors state in the results on page 13 that the study was not powered to detect significant changes in outcomes.**

Information on sample size is now moved to the methods section on page 8.

5. **Page 13 – Revise “12 weeks follow-up” to 20 weeks as elsewhere in the revised manuscript.**

The sentence “12 weeks follow-up” is changed to “20 weeks follow-up” on page 14.

6. **The results are a bit hard to follow as the authors go back and forth between Results presented in Tables 2 and 3. I would recommend either reorganizing their tables to better reflect how they would like to discuss in the text or reorganizing the text.**
The text that reports the results presented in Table 2 and Table 3 are reorganized. Instead of organizing the results based on the primary and secondary outcomes, the subheadings of *Effects of Yoga on OA Related Symptoms at 8 Weeks* and *Effects of Yoga on OA Related Symptoms Over Time* are used to better reflect how the data are presented.

7. **To address the item “Dates defining the periods of recruitment and follow-up”** -- While the authors state how long recruitment lasted on page 12, I did not see mention of when recruitment took place.

   Recruitment took place from February 2011 – September 2011. This information is added to the methods section on page 7.

8. **Table 2: Consider reordering this table so that it better aligns with the text and makes it clear which outcomes were the primary outcomes (OA symptoms) and which ones were secondary. BMI is listed first even though it is not a primary outcome.**

   Table 2 is reorganized to better align with the text and the order of the outcomes: Primary and secondary.

9. **To make the tables more understandable, consider writing out acronyms or including a list of abbreviations at the bottom.**

   All abbreviations are listed at the bottom of all three tables to make them more understandable.

10. **There are a number of grammatical errors throughout (e.g., p14, “no significant” instead of “not significant”). The authors and the editors should carefully review the manuscript to correct them.**

   The term “no significant” is corrected on page 15. The entire manuscript has been proofread again for grammatical errors.

We really appreciate the detail comments that the reviewer has provided and hope these revisions are satisfactory. Thank you for reviewing this manuscript. We look forward to receiving your feedback.

Sincerely,

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