Reviewer's report

Title: Improvement in symptoms and signs in the forefoot of patients with rheumatoid arthritis treated with anti-TNF therapy

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Reviewer: Marike van der Leeden

Reviewer's report:

This is an interesting paper on an important and often ignored topic: the foot in RA. The authors describe the improvement in symptoms and signs in the forefoot of 31 RA patients after treatment with Anti-TNF therapy (uncontrolled design). A self-reported decrease in symptoms was found, but no signs of improvement in hypertrophy, synovitis and erosions were found after 12 weeks of anti-TNF treatment. The results give some important directions for further research in the field of the RA foot.

Some remarks:

Method

The authors mention that the forefeet of a consecutive cohort of patients with RA who started anti-TNF treatment was examined. However, only 31 patients could be included from 2005 to 2007. I would expect a larger number of patients. Was that due to a high exclusion rate, or refusal of patients, or a limited number of patients who started anti-TNF treatment? Please explain.

Did all patients experience foot problems? Was this a selection criterion? If not, it is surprisingly that the majority of patients had signs of forefoot disease activity. This may not be experienced by all patients. This might be a point for the discussion.

I would suggest to move the last sentence of the section ‘Participant selection’ to the section ‘Assessment of demographic and clinical characteristics’.

I would suggest to add a ‘Foot assessment’ section. Please mention in this section the examination by the podiatrist. Were only MTP joints assessed for swelling/tenderness or also other foot joints?

There are less patients assessed by the US Doppler to detect synovitis compared to US? What was the reason for this?

Discussion

Could you explain the last statement of the 3rd paragraphs better (ref Bowling). It is not clear to me.

The self-reported questionnaire improves with treatment. The questionnaire is developed for foot complaints in general and does not focus on the forefoot.
Could an alternative explanation for the difference between self-reported symptoms en US detectable signs in the forefoot also be a faster recovery of other foot joints than the MTP joints?

**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