Author's response to reviews

Title: Patient Centered Psoriatic Arthritis (PsA) Activity Assessment by the Stockerau Activity Score for Psoriatic Arthritis (SASPA)

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Author's response to reviews: see over
To the section editor  
BMC Musculoskeletal Disorders  
Ref.: Revision of Ms 9395347051380421

Dear Madam,  
Dear Sir,  

Thank you very much for giving us the opportunity to revise the paper “Patient Centered Psoriatic Arthritis (PsA) Activity Assessment by the Stockerau Activity Score for Psoriatic Arthritis (SASPA)” according to the reviewers’ comments and suggestions. Let me first of all thank you and the reviewers for their fruitful comments and proposal for revising the respective manuscript. As we were focused on these comments in revising the manuscript now the manuscript now is slightly longer, and some paragraphs may read somewhat different to the originally submitted version. Please read the revisions we made with respect to the reviewers’ proposals in the following. Within the revised manuscript changes are highlighted in bold letters.

Reviewer: Vinod Chandran  
Reviewers report:  
The authors have developed a tool for assessment of disease activity in PsA which they have called the SASPA by modifying the RADAI-5 developed for RA.

My comments and suggestions are:  
1. Methods: the authors developed the prototype questionnaire in 97 (or is it 98?) patients. Subsequently the SASPA was administered to 152 patients. The presentation of the methods and results is not clear. I would suggest that the statistical evaluation of the two questionnaires be presented separately both in the methods and results section. This was a typo in the abstract, which was changed. The manuscript was changed according to this suggestion, which of course improved the clarity.

2. Please provide the Cronbach’s alpha values for internal consistency, test-retest reliability, criterion and construct validity, and sensitivity to change in separate sections. See the answer above, in line with the restructuration of the manuscript, the values are now given separately.

3. New measures for disease activity such as PASDAS, GRACE and CPDAI have been recently developed. The manuscript is completely silent on this. How did the SASPA function vis-a-vis these newer measures? We have incorporated the indexes mentioned and also include a sentence or two pertaining to the relationship of indexes and PROs in general; moreover, we intend to compare indexes and the SASPA in the future.
4. Tables have not been provided, although mentioned in text.
   We apologize for this, but this probably was a mistake in uploading the ms.

5. Reference 8 is not cited in text.
   The list of references is now completely restructured, as the ms was changed substantially.

6. If 152 PsA patients completed the questionnaires how did the investigators obtain 779 completed questionnaires?
   We have 52 Patients who completed the questionnaire several times, we clarified this in the text.

7. Results line 1- Cronbach’s alpha is better described as a measure of internal consistency.
   The text was changed accordingly

8. Please explain how the coefficient of variation is used to interpret redundancy
   A respective sentence was included.

9. The correlation coefficients between SASPA and is poor-moderate although significant. This could be commented upon.
   We agree that the degree of congruence is only moderate, which is in line with the literature on this topic, this was included into the text.

10. The discussion on the shortcomings of the study is cursory. Please explain how increased self-efficacy influences patient’s self-assessment.
    We extended this section and included the respective explanation

11. References are not consistently formatted.
    We tried our best to improve the situation.

Minor Essential Revisions
   1. The figures need more explanation and proper labeling of the axes.
      done
   2. Page 5 line 12- change "How active to..." to "How active do...."
      done

Reviewer’s report
Title: Patient Centered Psoriatic Arthritis (PsA) Activity Assessment by the Stockerau Activity Score for Psoriatic Arthritis (SASPA)
Version:3 Date:3 October 2014
Reviewer: Laura Coates
Reviewer’s report:
My key issue with this paper is the requirement for tool in the first place. The authors need to demonstrate the requirement for such a tool given that other tools already exist (see point 1 below) and show that this tool functions better than existing (even simpler!) tools such as a patient global VAS scale.

Major Revisions
1. The introduction explains the need for an assessment tool for use in PsA patients that is feasible in clinic and not a response measure. Despite mentioning the data for other measures, there is no mention of the minimal disease activity criteria developed specifically for PsA and well validated in both observational and interventional datasets. These have now been used in the TICOPA study to provide evidence for the concept of treat to target and should be discussed.
By revising either the introduction section as well as the discussion we tried to strengthen the arguments for the invention of the SASPA, and also discuss the treat to target principle and minimal disease activity as a treatment goal. We must not forget, that at least in our country, a large number of PsA patients are monitored by physicians not experienced with joint counts.

2. I am concerned that it was decided prior to any data collected that the questionnaire created should have 5 questions. Surely this should be data driven?? Having 4 or 6 questions would not have a significant impact on the feasibility of the questionnaire. In development of outcome measures, these decisions should either be based on content validity to ensure that all of the domains of disease are covered without any redundancy of questions or using statistical analysis of data.

The reviewer is of course right, it was a kind of a semantically mistakes, we tried to better explain the thoughts behind the adaption of the RADAI-5 für PsA:

3. I’ve never seen any data before on PatSat in PsA to show that this is valid. Please reference if available.

This was the first time we applied PatSat in a study including PsA patients, and now tried to give the explanation for it in the revised version.

4. A measure of skin disease activity (question 6) is considered indispensable by the authors but there is no mention in separate questions or even in the wording of the questions of enthesitis, dactylitis or axial involvement. All of the questions relate to arthritis as they are taken from an RA tool. Also the question relating to skin seems to mention only skin involvement and not nail disease which is a common problem in patients with PsA.

We have included some sentences which should better explain the intention behind the choice of questions.

5. Since this is a patient reported outcome designed for use in clinic consultations, was there any consultation with patients in the development or design of this questionnaire?

Patients were asked to judge the questionnaire after the completion and the results were not different from the ones obtained with RADAI-5

Minor Revisions
1. introduction - if comparing RA to PsA, the following paper should be quoted. Sokoll et al showing less radiographic damage in PsA but equivalent impact on function and QOL. I don’t see how claiming PsA is milder than RA is relevant to the discussion about similar treatment paradigms

the respective paper is now referenced and the text was changed in the respective way.

2. Page 11 states that oligoarticular disease in PsA is the predominant form. I take issue with this as the majority of research (apart from the original Moll and Wright papers) have reported that polyarticular disease is more common (certainly in patients undergoing treatment in hospital settings) with around 70% of patients having polyarthritis in most series.

We have changed the text, indicating that oligoarticular disease frequently, but not predominantly occurs.

Finally, let me thank the reviewers once more for their encouraging and interesting remarks and suggestions to improve the quality of the manuscript. We hope that we could answer their questions
accordingly and that we were able to improve the manuscript in a way that it can be found acceptable for publication in BMC Musculoskeletal Disorders.
We are looking forward to your comments with regard to our work.

Yours sincerely,

Burkhard F. Leeb, MD, PhD