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.

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.

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

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.

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?

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

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.

Level of interest: An article of limited interest

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