Author's response to reviews

Title: Reliability and validity of CDAI and SDAI in comparison to DAS-28 in Moroccan patients with rheumatoid arthritis

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Author's response to reviews: see over
Response to Reviewer: Bernhard Rintelen:

-What I mean with only minor modification:

A Receiver Operating Characteristic (ROC) curve (Fig. 4) was constructed to determine the sensitivity and specificity of different values of CDAI and SDAI which would differentiate between a DAS28 value greater than and less than 5.1 (high disease activity). The best combination of sensitivity (97%) and specificity (85.3%) was provided by a CDAI value of 18.5 (with 95% confidence interval 94.2-98.1). Similarly the highest sensitivity (97.6%) and specificity (62.2%) was given by SDAI value of 24 (with 95% confidence interval 87.5-94.18) (Table 4). So according to my study, the high activity threshold for the CDAI is 18.5 vs 22 according to cut offs proposed by EULAR, and the high activity threshold for the CDAI in my study is 24 vs 22 according to cut offs proposed by EULAR.

-About Fleiss’s guidelines:
According to statistical review, Authors grouped CDAI, SDAI, and DAS-28 into remission, low, moderate, and high activity and used Kappa statistics to assess their agreement. There groups are ordinal and it is better to use appropriate statistics such as Weighted Kappa or Kendall's Coefficient of Concordance. So I have changed kappa by weighted kappa, and I have used Altman 1991 guidelines for inter rater group classification.

- References for DAS 28 and SDAI in the section “Background” are the same of CDAI (reference 3).

- DAS28 until recently was the gold standard, and so far remains the most widely used assessment tool in the activity of rheumatoid arthritis at least in our context. I have changed my sentence: Das -28 is the gold standard by DAS-28 until recently was the gold standard for measuring the disease activity in patients with RA.

-Page 3, line 65: 7 is not the right reference, this one should be 3: I corrected it.

-I added that the greatest advantage of CDAI is the omitting of a laboratory test.
-I added references for DAS28, CDAI and SDAI cut off values.
-I used Altman 1991 guidelines instead of Fleiss’s guidelines and I have put the reference.
-The mean ± SD and quartiles (50th percentile) are noted.
-According to your proposition, I added that the excellent correlation is “on group level” (but not for the single patient).
-I corrected the references.
Response to reviewer: Dalia Mohamed Ezz El Din El Mikkawy

-In 2nd paragraph in Results, 2nd statment: I want to say that the most of our patients >60% into (not under) moderate and High DAS28,CDAI, SDAI.

-I have changed Fleiss’s guidelines by Altman 1991 guidelines (poor, fair, moderate, good and very good).

- Last Paragraph of Background : Evaluate Reliability and Validity ( Not statistical test) : it’s corrected.

- 4th paragraph of background : Add its reference ( statment after reference 7): it’s corrected.

- Clinical and Laboratory assessment Data were added.
Response to Reviewer: Rahim Moineddin

Authors grouped CDAI, SDAI, and DAS-28 into remission, low, moderate, and high activity and used Kappa statistics to assess their agreement. These groups are ordinal and it is better to use appropriate statistics such as Weighted Kappa or Kendall's Coefficient of Concordance. So I have changed kappa to weighted kappa, and I have used Altman 1991 guidelines for inter rater group classification.