Author’s response to reviews

Title: Linking the Effect of Psoriatic Arthritis-Related Foot Involvement to the Leeds Foot Impact Scale using the International Classification for Functioning, Disability and Health: A Study to Assess Content Validity.

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Author’s response to reviews:

Dear Professor Gordon Hendry,

RE: Manuscript ID JFAR-D-20-00118 entitled "Linking the Effect of Psoriatic Arthritis-Related Foot Involvement to the Leeds Foot Impact Scale using the International Classification for Functioning, Disability and Health”.

We would like to thank the reviewers for their comments and the opportunity to resubmit for publication. We have carefully considered the recommendations, incorporated revisions and have prepared a list of responses below, paying particular attention to the suggested revisions from reviewer #2 as indicated by the Editor:

Reviewer #1:

It has been a pleasure to review your paper about "Linking the Effect of Psoriatic Arthritis-Related Foot Involvement to the Leeds Foot Impact Scale using the International Classification for Functioning, Disability and Health.?” but I have observed some of the errors that it's necessary to change it You can see below the recommendation. In general, It's very complicated to read the paper. The reorganization of the paper is necessary. I don't understand why do you talk about the PsA when you are analysis the LFIS-RA.

Response: Thank you for your comments. The rationale for assessing the LFIS-RA for coverage of concepts relevant to PsA-related foot involvement is indicated on page 4, lines 23-36: “Disease persistence in the foot with potential to progress to structural joint damage has been found in the context of low global disease activity in PsA [16], which indicates the need for foot-specific outcome tools. In the absence of a validated disease and foot region-specific outcome measure to assess the impact of localised disease in the foot in PsA, the Leeds Foot Impact Scale in
rheumatoid arthritis (LFIS-RA) has been used in previous studies [16-21]. However, how well the LFIS-RA functions and measures what is intended to be measured in PsA is not known.”

Title: It should include the type of study
Response: Thank you. We have included the type of study in the title; “Linking the Effect of Psoriatic Arthritis-Related Foot Involvement to the Leeds Foot Impact Scale using the International Classification for Functioning, Disability and Health: A Study to Assess Content Validity”

Introduction: I miss several references regarding tools, you can find a systematic review in relation to this topic.
Response: Thank you for your comment. Reference 4 relates to the measures of psoriatic arthritis; “Mease PJ. Measures of psoriatic arthritis. Arthritis Care Res. 2011;63:64-85” and reference 24 relates to the measures of foot functional impairments and disability in rheumatoid arthritis; “Van Der Leeden M, Steultjens MP, Terwee CB, Rosenbaum D, Turner D, Woodburn J, Dekker J. A systematic review of instruments measuring foot function, foot pain, and foot-related disability in patients with rheumatoid arthritis. Arthritis Care Res. 2008;59(9):1257-69.” To the best of the authors knowledge there is no systematic review that covers specifically tools for PsA-related foot impairments and reference 31 was included in the introduction in relation to the linking of tools used to assess global disease in PsA to the ICF.

In section method: This section is very poor and brief, it's impossible to understand the paper. I recommend to use more subheading and to be clear in the method. The section statistical analysis is empty of information. Result: I don't understand from where leave the results.
Response: The research intent of this study was to describe the linking process of the patient experience of foot involvement in PsA to the LFIS-RA and our reporting of the methods (with subheadings) and results set out to mirror the approach taken by Stamm et al (2007), which used agreement analysis and frequencies of ICF categories to represent the extent of coverage for global disease in PsA. Given the paucity of research in this field, presenting the methods and results in a similar manner to previous work we felt was the most appropriate approach, to allow future researchers in the area the opportunity to better compare data across studies and potentially combine results more easily across studies in the future.

Discussion: Please can you include clinical implications in the discussion section and limitation?
Response: Thank you for your comment. Please find clinical implications included in the discussion on page 13, lines 10-26 and in the conclusion on page 16, lines 26-30, and study limitations are included in the discussion from page 15 to 16, lines 45-60 and 1-17.

Reviewer #2:
Thank you to the authors and editorial team for the opportunity to review this excellent paper. As the authors noted, PsA-related foot disease in an under-researched area of rheumatology practice and our clinical guidelines and management strategies are often based on the RA model of foot disease which may not take into account the cutaneous, nail and enthesal pathology that can be present in PsA-related foot disease. This paper follows on really nicely from the recently published 'Linking the Patient Experience of Foot Involvement Related to Psoriatic Arthritis to the International Classification of Functioning' paper which highlighted the significant burden of PsA-
related foot disease on a wide range of aspects relating to daily life and functioning. I have
provided my point-by-point responses below which cover only minor recommendations.

* Page 2, line 26: perhaps change "the foot with psoriatic arthritis" to "the foot in psoriatic
  arthritis"
* Page 2, line 38: add "the" before LFIS-RA
* Page 4, line 28: remove the dash after "disease"
* Page 7, line 57: change "a slight agreement" to "as slight agreement"
* Page 8, line 21: change "linked to aspect of" to "linked to aspects of"
* Page 12, line 38: remove capital I from "Instability"
* Page 15, line 17: apostrophe in "patients' concerns"
* Page 15, line 38: change "PSA" to "PsA"
* Page 16, line 14: add commas to "with interest in, and knowledge of, the ICF"
* Page 29, line 37: change "here's" to "there's"

Response: Thank you. We apologise for the errors and have corrected them.

* Page 4, line 40: although mentioned in the discussion it could be worth noting the LFIS-RA
  content validity was assessed by postal survey.
Response: We thank the reviewer for their comment. We have added “and content validity
assessed by subsequent postal surveys” to this sentence; “The LFIS-RA is a validated patient-
reported outcome measure developed specifically to assess foot-related impairment and disability
in rheumatoid arthritis [22], with content generated from semi-structured interviews among 30
people with rheumatoid arthritis and content validity assessed by subsequent postal surveys.”

* Page 14, line 43: great point regarding the generalisability of the two different study populations.
Also worth noting there will be differences in foot care provision for people with PsA-related foot
disease in other countries (other than UK, Australia and New Zealand).
Response: We thank the reviewer for their comment. We have added more detail; “Therefore, the
experience of foot care services in the patient cohort from which the LFIS-RA was derived may
not be generalisable to Australia or New Zealand (or other countries), where a distinct lack of
access to, and provision of, podiatry services and specialist rheumatology services in the public
health system have been previously described [41-43].”

* Page 16, conclusion: just for clarification - are you recommending adapting the LFIS-RA using
the ICF features relevant to PsA to develop a new PsA foot-specific outcome measure? Or
developing a new PsA foot-specific outcome measure using only the ICF?
Response: We thank the reviewer for their comment. It would be the later to develop a new tool
rather than adapt the LFIS-RA and we have added ‘new’ to make this clearer in the conclusion;
“To incorporate this comprehensive understanding of functioning into the assessment and
management of foot problems in PsA, the development of a new foot-specific outcome measure
linked to the ICF is required.”

Yours sincerely,

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