Author’s response to reviews

Title: Effects of tofacitinib on the clinical features of periodontitis in patients with rheumatoid arthritis: two case reports

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Author’s response to reviews:

Dear Dr. Darren Byrne,

BMC Rheumatology

February 24, 2019

Thank you for your review for our revised manuscript (BRHM-D-18-00078R2). In response to your E-mail decision letter (dated on February 22, 2019), we have now prepared the revised manuscript which is entitled: "Effects of tofacitinib on the clinical features of periodontitis in patients with rheumatoid arthritis: two case reports" by T. Kobayashi et al.

We have carefully considered and addressed all of your suggestions/recommendations in the revised paper, which has now been shown in a point-by-point response letter uploaded.

We feel that our revised manuscript has been considerably improved by your suggestions, and have now submitted both clean and highlighting version of manuscript.

We look forward to hearing from you regarding our re-submission.
Respectfully yours,

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Our point-by-point reply to the editor’s comments:

Comments 1):

Please tone down some of the conclusions and statements in this manuscript. For example, on page 5, you cannot say "significant changes" as no statistical analysis can be done on this small sample size to make such statement. In addition, in you conclusion state that "tofacitinib may have a beneficial effect” rather than "tofacitinib has a beneficial effect”.

Answer:

Thank you very much for your review and comments. We agree with your excellent suggestion, and have now altered the sentence to reflect your point as follows:

"...tofacitinib may have a beneficial effect on periodontitis..." (Page 2, Conclusions of Abstract; Page 5, the first line of Discussion; Page 6, the first line of Conclusions).

"...resulted in changes in both case definitions..." (Page 5, line 11 of Discussion paragraph 2).
Comments 2):

Please give more details for each case when the baseline data was recorded prior to starting tofacitinib treatment.

Answer:

We agree with your excellent suggestion, and have now added the DAS28-CRP data prior to the start of tofacitinib treatment as follows:

- ...her disease activity score in 28 joints using C-reactive protein (DAS28-CRP) was well controlled as follows: from 3.8 (the baseline) to 2.5 (after 4 months of treatment). (Page 3, lines 5-6 of case 1 presentation).

- ...which resulted in a well-controlled DAS28-CRP for 34 months as follows: from 3.9 (the baseline) to 1.4 (after 34 months of treatment) (Page 3, lines 8-9 of case 1 presentation).

- ...controlled for 29 months as follows: from 2.0 (the baseline) to 1.2 (after 29 months of treatment) (Page 4, line 3 of case 2 presentation).

Comments 3):

For Case 1, please give an explanation for why this individual was switched to receive tofacitinib.

Answer:

In response to your excellent suggestion, we had determined that case 1 individual was switched to receive tofacitinib after the failure of adalimumab (DAS28-CRP became moderate disease activity), according to the European League Against Rheumatism recommendations for the management of RA. This has now been included with the new reference 13 (Page 3, lines 15-16 of case 1 presentation).

In addition, the number of previous references 13 to 17 have now been changed to 14 to 18.

Comments 4):

Please clarify why ethics approval and funding was obtained for this Case Report. Generally, and according to most countries' national regulations, case reports do not require formal ethics
approval or funding unless they are reporting the experimental use of a novel procedure or tool. If you did use a new procedure or tool on the patient, please make this clear in the manuscript and provide a clear justification for why the new procedure or tool was deemed more appropriate than usual clinical practice to meet the patient’s clinical needs. If this was not the case, simply state "Not applicable" in the Ethics section.

Answer:

According to your suggestion, we have now stated "Not applicable" in the Ethics section. However, actually, the collection and analysis of data were supported by Grant-in Aid for Scientific Research from the JSPS.