Author’s response to reviews

Title: Trends in diagnostic prevalence and treatment patterns of male and female ankylosing spondylitis patients in the United States, 2006-2016

Authors:

Jessica Walsh (Jessica.Walsh@hsc.utah.edu)
Theresa Hunter (Hunter_theresa_marie@lilly.com)
Krista Schroeder (schroeder_krista_marie@lilly.com)
David Sandoval (david_sandoval@lilly.com)
Rebecca Bolce (rebecca_bolce@lilly.com)

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Comments to the manuscript

"Trends in diagnostic prevalence and treatment patterns of male and female ankylosing spondylitis patients in the United States, 2006-2016"

Reviewer 1:

- Reviewer 1 had no additional comments.

Reviewer 2:

- The revised manuscript addressed the most of the comments raised by the reviewers, adequately. However, I believe that stating "These codes have been used in numerous AS studies" only, does not strengthen the reliability of the very low prevalence estimate of AS found in their study. I agree with the authors that the ICD codes used in their study were used also in earlier studies, but importantly with varying case definitions in different settings (Haroon, et al. 2014, Curtis, et al. 2016, Videm, et al. 2017). As shown in the study by Curtis et al 2016, using different case definitions based on the same ICD codes may lead to significant variation in the prevalence estimates even in the same setting (i.e. a more specific case definition based on ≥ 2 diagnoses by a primary care specialist or ≥ 1 diagnosis by a rheumatologist, decreases the prevalence of AS by almost half). It should also be noted that, the latter two studies did use

The discussion section (page 8) has been updated to include this information.

Assistant Editor Comments:

Availability of data and material

• The Availability of data and materials section refers to the raw data used in your study and therefore your current statement is not suitable. Please clearly state how to access the data you used or who to contact to request it, including details about any permissions or de-identification required for sharing the data.

This has been updated to state the following “All data used in this study was de-identified. Request for data may be made to the corresponding author.” (Page 11).

Title page

• Please include your title page as part of your manuscript, rather than as a supplementary file.

The title page is now included in the manuscript.

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