Dear editor,

We thank you and the reviewer for the constructive comments on our manuscript: "Individual patient data meta-analysis of trial investigating the effectiveness of intra-articular glucocorticoid injections in patients with knee or hip OA: an OA Trial Bank protocol for a systematic review".

We will discuss the remarks of the reviewer below.

Reviewer: 1
Comment 1.

Perhaps having little bit more detail on IPD data acquisition process and management (e.g., software, security, data accuracy validation) would not hurt.

Reply 1:

We would like to thank the reviewer for this suggestion and as a consequence, we have added the following information to the ‘Data collection and transfer’ section:

“The coordinator of the OA Trial Bank will visit the institutes of the data-deliverers once, to collect the data and to sign the license agreement. Data sets will be accepted in any kind of electronic format (for example SPSS, Stata, SAS, Excel) or in paper form, provided that variables and categories are adequately labelled within the data set or with a separate codebook. The original data collection files collected by the coordinator will be kept in their original version and will be saved
on a secured server at the Erasmus MC Medical University in Rotterdam. To ensure the quality of the data, they will be independently checked for data entry mistakes and consistency and the sum of the individual patient results received will be compared with the published summary results from the primary studies. In case of differences, authors will be contacted and discrepancies should be resolved after discussion. To ensure accurate pooling of data, all items will be consistently derived from the original databases by the coordinator of the OA trial bank and will consequently be recoded if necessary.”

Comment 2:
INFO ON THE CHOICE OF MEASURES OF ASSOCIATION FOR PAIN IS MISSING (E.G., MEAN DIFFERENCE, RISK RATIO, 95% CIs).
INTERPRETATION OF THE LINEAR REGRESSION COEFFICIENT FOR THE TREATMENT (glucocorticoid injection) IS NEEDED.

Reply 2:
To clarify this, we added the following text to the data-analyses section "The pooled subgroup effect of glucocorticoid injections will be estimated according to a mean difference (for continuous outcomes) and odds ratio (for binary outcomes) and their 95% CIs, based on the intention-to-treat (ITT) principle. Interaction effect with p-value less than 0.05 will be considered as statistically significant. The clinical relevance of the effect modifier, i.e. the interaction term, will be also dependent on the side effects of the intervention and the costs involved. Therefore, we think it is not appropriate in this stage to add information on the interpretation and clinical relevance of the interaction term in our manuscript.

We modified our manuscript based on points raised by the reviewer (highlighted with track changes). With the above mentioned additions and revisions we fully complied with the comments of the reviewers. We hope that our manuscript in this revised form is suitable for publication.

We look forward to hear from you.

Sincerely yours
On behalf of the co-authors,
Marienke van Middelkoop