



March 12, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: manuscript 17005-edited.docx).

Title: Placebo Effect in osteoarthritis. Why not use it to our advantage?

Author: Gustavo Constantino de Campos

Name of Journal: *World Journal of Orthopedics*

ESPS Manuscript NO: 17005

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1)Reviewer 460875 classified the study as Grade A and recommended acceptance without comments

(2)Reviewer 3065825 classified the study as Grade B and recommended acceptance without comments

(3)Reviewer 2446751 classified the study as Grade C and recommended minor revision with comments.

We improved the discussion about the OA therapies that are probably based on the placebo.

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3 References and typesetting were corrected

Sincerely yours,

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April 27, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: manuscript 17005-3rdReview.docx).

Title: Placebo Effect in osteoarthritis. Why not use it to our advantage?

Author: Gustavo Constantino de Campos

Name of Journal: *World Journal of Orthopedics*

ESPS Manuscript NO: 17005

1 The manuscript has been revised by English native language speaker as recommended.

2 Answer to Reviewer 03070691 comments:

Dear reviewer 03070691,

Thank you for the commendation. Conservative treatment for osteoarthritis is very challenging, and placebo response in osteoarthritis patients is a important issue. We observe a crescent mistrust in some OA treatment modalities such as chondroprotective agents, insoles, acupuncture, mostly because it is very hard to prove the effectiveness of such interventions using the actual RCT model. After conducting personally several RCT's, I have to say I am amazed with the results of the placebo groups, which always show great improvement. The placebo response, in my opinion, is so powerful that cannot be ignored by the physician. Of course we all know about it but it is my strong opinion that we must identify potential placebos and really use it to our advantage when treating OA patients. The present text is indeed a long journey about placebo, its history and its evidence. It was written to give insights, not answers. It is certainly not too objective, but this is what I meant. Nevertheless, I've made changes to improve the link between placebo and OA. I really hope the reviewer can revise the recommendation.

Sincerely yours,

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