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March 17, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (7854-edited.docx).

**Title:** Perioperative Management of the Patient with Rheumatoid Arthritis

**Author:** Megan L. Krause, Eric L. Matteson

**Name of Journal:** *World Journal of Orthopedics*

**ESPS Manuscript NO:** 7854

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

1. Running title has been added.
2. Revisions have been made according to the suggestions of the reviewers

Reviewer: 02743204

- Further description is given to defining MET as well as an added reference, Hlatkey et al. 1989.
- "Does" was changed to "dose."

Reviewer: 02741002

- A reference was added regarding difficulty with assessing METs in patients with RA, Akkara Veetil et al. 2012.
- Functional status including level of stairs to define 4 METs was added.
- Limitations regarding the physical exam and symptoms to identify cervical spine instability were emphasized thus underpinning the complexity of evaluation of the cervical spine. Certain physical exam maneuvers were not included as primary literature has not identified particular maneuvers to be helpful in identifying patients with cervical spine disease in the setting of RA.
- Clarification was given to the stress corticosteroid dosing.
- Additional description of the cosyntropin stimulation test was included.
- It was described that there is no single dose or duration of therapy that excludes the possible need for stress dose steroids.
- Co-morbid risk factors were reviewed as part of the Revised Cardiac Risk Index (RCRI).
- Additional clarification was given for risks of different times of procedures beyond orthopedic procedures.



- Venous thromboembolism risk with TNF inhibitor therapy was described in the setting of individual studies (Kawakami et al. 2010).
- There is description about the poor evidence regarding wound healing and TNF inhibitor therapy. The guidelines were reviewed including the ACR recommendations which would suggest holding the therapy at least one week after surgery and further adjustment depending on the pharmacokinetics of the individual agent.

Reviewer: 02467561

- In preparing this manuscript, we responded to your solicitation for a review article, and did not intend to publish a study or systematic, Cochrane type review, but rather to do as we promised, namely to provide a useful guide to perioperative management of the patient with RA with a full review of the available literature.

Reviewer: 00742174

- We have attempted to create a useful guide to perioperative management with full review of the literature which has contributed to the overall length.

We therefore respectfully resubmit our manuscript in this form for publication.

Sincerely,



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