

Reviewers' comments

Dear reviewers,

Thank you very much for revising our manuscript and giving your comments and recommendations! Please, find below our replies and list of changes that were made.

Comments	Reply to reviewer
Reviewer #1: 1. The study includes patients from KL 1-3 grades but gives the conclusion that it is useful for very early stages of disease but failed to give the details of the stages of the patients included.	Yes, you are absolutely right. Phrase “early stages” is deleted from the manuscript as it’s not relevant to the results. Our initial study aims were not connected with assessment of SYSADOA efficiency in different stages of the disease. Details of the analysis on benefits of treatment on different stages can be given only after additional/secondary analysis, so we will definitely report that in publication of secondary analysis.
2. A subgroup analysis of the outcomes based on the stage of the disease could be made to identify the effectiveness of the treatment with each stage of the disease	Effectiveness of the treatment of OA by stages was not the aim of the study protocol but will be analyzed in the secondary analysis and published separately.
3. the recommended duration of the treatment is not mentioned to ascertain the compliance rate for the specified treatment	Thank you for this comment, you are absolutely right, we have added information about minimal treatment duration recommendations according to Patient Information Leaflet.
Reviewer #2: This is a very interesting prospective cohort study aiming to investigate the impact of GA+CS on clinical outcomes of patients with knee and hip OA and patients’ treatment satisfaction. The study has a unique approach of addressing the effectiveness of the treatment and patients’ satisfaction at the same time. I have few comments to improve the quality of the manuscript for publication. I believe the authors should address these comments before publications.	Thank you!
The result in the abstract is descriptive. However, the main results reported some important and statistically significant outcomes with P-value 0.001. I believe that the P-values should be reported in the abstract to highlight the robustness of the outcome.	Thank you very much, accepted and implemented

<ul style="list-style-type: none"> •The introduction reported good epidemiological background of the problem. Taking into consideration that this study is also concerned with patients' satisfaction, I believe that the introduction should have a paragraph discussing this issue. There is a couple of recent studies reporting that patients preference for OA treatment is driven by patients' desire to avoid treatment side effects, I believe this evidence will strengthen the argument of encouraging the use of GA+CS instead of NSAIDs and they should be used in the introduction: Al-Omari B, McMeekin P, Bate A. Systematic Review of Studies Using Conjoint Analysis Techniques to Investigate Patients' Preferences Regarding Osteoarthritis Treatment. Patient Prefer Adherence. 2021 Feb 3;15:197-211. doi: 10.2147/PPA.S287322. PMID: 33568897; PMCID: PMC7868222, and Al-Omari B, McMeekin P. Patients' Preferences Regarding Osteoarthritis Medications: An Adaptive Choice-Based Conjoint Analysis Study. Patient Prefer Adherence. 2020 Dec 22;14:2501-2515. doi: 10.2147/PPA.S283922. PMID: 33376311; PMCID: PMC7765685 	<p>Several additions made into discussion section:</p> <p>Additionally, patients and doctors are concerned about possible adverse events caused by long-term use of NSAIDs [28,29]. The meta-analysis of the preferences of OA patients demonstrated, that patients evaluate side effects in the first place, when choosing medications, and the effectiveness of treatment significantly less affects the choice of therapy [29].</p> <p>The references have also been added to the reference list. Thank you for your comment!</p>
<ul style="list-style-type: none"> •The student's paired t-test was used. However, there is no mention of the hypothesis being tested. The author must report the hypothesis of the study and based on the t-test if they are accepting or rejecting the null-hypothesis. I believe this has already been done, just need to be reported 	<p>For each sub-scale of the KOOS/HOOS scales, the hypothesis H0 was tested: $\Delta 2 = \Delta 3 = \Delta 4 = 0$, where Δi ($i = 2,3,4$) is the average change in the score in Visit i relative to the score in Visit 1. Testing of the main hypothesis was carried out using tests individual hypotheses $H0i: \Delta i = 0$ ($i=2,3,4$). After that, the obtained p-values in individual tests were corrected for multiple tests by the Holm-Bonferroni correction.</p>
<ul style="list-style-type: none"> •The methods and results sections are reported very well. 	<p>Thank you!</p>
<ul style="list-style-type: none"> •The discussion of the patient's satisfaction in the discussion section is very short. I believe this is one of the main novelties of this study and the discussion should be expanded and included some references such as NICE guidelines 2022 which encourages the inclusion of patients satisfaction and preferences in OA treatment: https://www.nice.org.uk/guidance/ng226 - 	<p>Thank you for the comment! We added to Discussion:</p> <p>Satisfaction with the result of treatment is an important guideline in the choice of therapy tactics. The Guidance for Osteoarthritis by The National Institute for Health and Care Excellence (NICE) says that OA patients may be able to self-manage their condition effectively after getting information and guidance on management strategies. So, healthcare professionals should focus on the person's needs, so there are some situations in which planned follow-up may be necessary^[39].</p>