

Reviewer #1: Korkmaz and Eyigor reviewed the characteristics of Sarcopenia in rheumatic diseases.

The present paper, is an extensive up date of the last data about this complication in inflammatory and degenerative rheumatic diseases.

The review is well written, grammatically easy to read and it exposes the last bibliography about sarcopenia in a friendly form.

However, there are some points that could be corrected:

Title page, filiation of the authors, abstract and core tips are missing.

References should be cited according journal requirements.

Response: Title page, authors and departments, abstract and core (audio) tip added.

References cited according journal requirements.

Reviewer #2: This mini-review analyzes sarcopenia in all its aspects distinguishing primary sarcopenia from secondary sarcopenia. The review focuses on the causes of secondary sarcopenia in rheumatic diseases concluding that, despite a possible effect of the inflammatory state and reduced physical activity, further studies are necessary for this field for a definitive conclusion.

General comment:

The introduction of the general aspects of primary sarcopenia is too long since the aim of this review is to revise the literature on secondary sarcopenia in patients with rheumatic disease.

Response: the introduction was shortened; several paragraphs were completely deleted (such as histologic findings) as they were not within the scope of the current article. We thank the reviewer for bringing this point to our attention.

There is confusion between the diagnosis of sarcopenia and the diagnosis of rheumatoid cachexia. The definition of rheumatoid cachexia is not correct. Rheumatoid cachexia is not defined as a simple pre-sarcopenia ("muscle mass loss") but as a loss of lean body mass with/without increase of fat mass.

Response: We did not aim to “define” cachexia in that sentence; however, we now see that the wording we used seems as if we were trying to propose a definition. The statement was changed accordingly.

Even though the introduction refers to the correct diagnosis of sarcopenia ("low muscle mass and low muscle function"), the review analyzes sarcopenia in rheumatic diseases considering together studies on evaluating muscle mass, lean body mass combined or not with muscle function. I believe that the different approach in diagnosing sarcopenia in different studies needs to be emphasized and commented, also because this is a reason for the conflicting results.

Response: We had not thought about this problem, we genuinely thank the reviewer for such an important correction. We included the definitions that various studies used throughout the study; however, we have found that the majority of studies did not state their exact definition for sarcopenia. In total, 4 different definitions of sarcopenia used in different studies were stated in the article and this definition problem was underlined in the conclusion.

Although the review is focused on the causes of secondary sarcopenia, data on the prevalence of this phenomenon in various rheumatic diseases are not mentioned.

Response: To our knowledge, there are only a few studies which report population-based prevalence of sarcopenia in specific diseases. Unfortunately, these studies usually have too small sample sizes to be reliable. We did add some data to the manuscript; although, a few studies.

There are data on sarcopenia in psoriatic arthritis not mentioned (Krajewska-Włodarczyk M et al. Rheumatology 2017).

Response: although the suggested article did not directly mention sarcopenia, a paragraph was included that summarized the findings and put forth suggestions for future studies.

Reviewer #3: The mini-review is fine as is. However, I have a couple of minor comments. First, the quality of the text is correct, but there are some minor formatting (space character) issues. Second, several recent reviews on the etiology, the criteria to diagnose, the prevention, and the treatment of sarcopenia could have been included. 1- Clin Cases Miner Bone Metab. 2014 Sep; 11(3): 177-80. Clinical definition of sarcopenia. 2- Farm Hosp. 2017 Jul 1; 41(4): 543-549. doi: 10.7399/fh.2017.41.4.10802. Sarcopenia: what should a

pharmacist know? 3- Curr Clin Pharmacol. 2014 May; 9(2): 17180. Comprehensive approach to sarcopenia treatment.

Response: The suggested articles were added as citations in relevant points of the article. We thank the reviewer for their input, as finding scientifically-relevant articles on this topic is quite cumbersome.