

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Knee arthroscopy versus conservative management in patients with degenerative knee disease: a systematic review
<b>AUTHORS</b>	Brignardello-Petersen, Romina; Siemieniuk, Reed; Guyatt, Gordon; Buchbinder, Rachele; Poolman, Rudolf; Schandelmaier, Stefan; Chang, Yaping; Sadeghirad, Behnam; Evaniew, Nathan; Vandvik, Per

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Raine Sihvonrn Hatanpää Hospital Tampere Finland
<b>REVIEW RETURNED</b>	01-Feb-2017

<b>GENERAL COMMENTS</b>	<p>This manuscript is systematic review authored by Romina Brignardello-Petersen et al. entitled "Knee arthroscopy versus conservative management in patients with degenerative knee disease: a systematic review". I thank for the possibility to external review it.</p> <p>My general remarks: As the authors said, the submitted review provides the most comprehensive and trustworthy body of evidence up to date and it is my pleasure to agree that. The manuscript is very well written and the systematic review uncompromisingly executed. I found only minors suggestions or comments.</p> <p>Page 4, row 46 (and page 19, rows 39 – 42) I suggest to lengthen the estimated time of increased pain and recovery after knee arthroscopy and to add a reference. At least two publications have investigated the recovery time. First, Roos et al. reported significant physical disability and handicap 3 months after knee arthroscopy, opposite with the beliefs of orthopaedic surgeons. (Substantial Disability 3 Months After Arthroscopic Partial Meniscectomy: A Prospective Study of Patient-Relevant Outcomes. Arthroscopy: The Journal of Arthroscopic and Related Surgery, Vol 16, No 6 (September), 2000: pp 619–626.) Second, more recently, Phil et al. reported that at 3 months after APM, only 41% of patients had their preoperative expectations fulfilled or exceeded and only 45% of the patients were satisfied with their current knee function. (Pihl et al Acta Orthopaedica 2016; 87 (6): 615–621).</p> <p>Page 18, rows 7 – 8 I suggest to add also the points for pain after surgery here, that the readers could easily compare the numbers without checking those from the table.</p>
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## VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

My general remarks:

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Page 4, row 46 (and page 19, rows 39 – 42)

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As suggested by the reviewer, we have changed the sentence “Such surgery results in transient increase in pain and the necessity for restriction in activities for a period of 2 to 6 weeks” to “Such surgery results in transient increase in pain and the necessity for restriction in activities for a period of 2 to 12 weeks”, and added the suggested references.

Page 18, rows 7 – 8

I suggest to add also the points for pain after surgery here, that the readers could easily compare the numbers without checking those from the table.

We included the reviewer suggestion by adding the underlined sentence: “The median of the average pain change in patients receiving conservative management was 15 points in the short-term and 19 points in the long term (MID 12 points). Patients receiving arthroscopy had an average change 5.4 points higher in the short-term, and 3.1 points higher in the long term. These differences were not patient important. Thus, whether patients receive arthroscopy or not, the clinical trial experience suggests, on average, a small benefit in pain reduction over both the short and long term”.