

Reviewer 2 v. 1

Comments to the Author

Dear Authors,

Firstly, there is an unmet need on new data coming from sarcoidosis patients, as there are few data available on current approved or off-label treatments. As stated in the article 's discussion paragraph, this manuscript describes retrospective data the largest cohort of sarcoidosis patients on treatment with corticotropin. To me, this adds valuable information to the field of this rare disease, and increases the body of evidence to prospectively test the safety and efficacy of the treatment in sarcoidosis patients.

I do have some issues with the design of getting in touch with a small randomized sample of prescribers; as a significant risk of (recall) bias will be there while asking for data from prescribers.

My comments:

1. Only 5% of "physicians assessments of improvements" following treatment stated not improved. This is such a small figure, because earlier work found 38% improvement after therapy (Baughman 2016). I would like to see/ read how the question was formulated in the questionnaire towards the Physicians. Can this be selection bias?
2. With 100% pulmonary involvement in these patients of which 64% had stage 3-4 sarcoidosis, im wondering why only 23% pulmonary physicians were asked. In Europe, sarcoidosis treatment is mainly done by pulmonary Physicians. Can you comment on that? Is the situation different in the US? Were there not many pulmonary physicians prescribing the drug in the database? Please add to the discussion that extra pulmonary involvement differs in this study compared to previous work, probably due to selection bias because of the different specialists asked to participate (non-pulmonary).
3. Please keep treatment response more neutral and describe in text as treatment response not as improvement (in discussion and table 3,)
4. Please note, in table 3, 11% states pulmonary fibrosis is improving. As fibrosis itself will not improve, it should state pulmonary involvement to my opinion. In the same table, size and number of granuloma s are a category. As granuloma's can't be seen unless using a microscope, please specify what is ment here: inflammation? pulmonary infiltrates? What does number of granuloma s mean? Pulmonary nodules? Please specify.
5. Overall, the draft reads very well. The tables simple and easy readable.