

October 3, 2022

Mark Riotto  
President  
TheResearchPost

Mr. Riotto,

Thank you for the opportunity to revise our research post, “Assessment of Clinical Response to Narcolepsy Treatment: Challenges and Best Practices,” for publication by TheResearchPost. We appreciate the reviewer comments and have addressed them in the revised submission, as noted in comment boxes on the pdf, as well as in the point-by-point response below.

**Comments from the review:**

**Editorial Review**

**For the text abstract, it is recommended to add the Objective statement to the text. This will increase discoverability for indexing on Google Scholar. TheResearchPost will be indexed on PubMed Central in the near future and the text abstract will appear in indexing services.**

Response: We have added an objective statement to the end of the text abstract (in tracked changes) saying, “This publication identifies challenges confronted by clinicians and discusses approaches to consider in the ongoing evaluation and treatment of narcolepsy.” We have otherwise revised the abstract (also in tracked changes) to stay within the 175-word limit.

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Response: Thank you for this information. We have added a statement to the visual abstract and the cover slide that says, “© 2022 by the Authors under a CC-BY-SA license.”

**Reviewer 1:**

**This "PAPER" IS THOUGHT provoking and as such warrants publication.**

**Two generalizations would need clarifications:**

**1. [From Slide 13]: Existing scales are practical for screening and useful for research, but less effective for assessment of response to treatment in clinical practice.**

**It is not clear what the basis for this is. Need to temper this down as these scales are commonly used. What are their limitations? How do we make them better?**

Response: We have revised the text in the second box on the Summary slide (now Slide 14). The phrase "less effective for assessment of response to treatment in clinical practice" has been replaced with "may be insufficient to capture the dynamic and personalized changes that occur visit by visit during treatment." The revised language is consistent with the text abstract and based on the collective professional experience of the three authors. Discussion of how to improve existing scales is beyond the scope of this publication. We note the unmet need with regard to a brief assessment instrument for use in the clinic in the hopes that other clinicians and researchers, in addition to ourselves, will attempt to address the limitations in future work.

**2. [From Slide 4]: Sleepiness may be multifactorial, due to long-term narcolepsy symptoms and other disorders (e.g., mood disorders, other sleep disorders).**

Response: We have qualified this statement from Slide 4 to add "in some patients."

**Again EDS scales are used all the time in clinic and registration trials. What is the basis of this statement? What is the alternative?**

Response: On Slide 6, we have revised the title to "Limitations of existing scales and other considerations" and have added a new text box that says, "Existing scales may be insufficient on their own for clinical assessment of patients with narcolepsy and should be used in conjunction with more-personalized approaches."

## **Reviewer 2**

**This content of assessing clinical response to various treatments for narcolepsy is well presented and contains important information for clinicians. While EDS is a primary symptom for narcolepsy other symptoms and behaviors must be assessed to provide optimal care over the lifespan. The authors provide an excellent, rational overview of factors to consider when selecting medications as well as when to consider additional ones.**

## **Specific suggestions:**

**Slide 6: Existing scales are insufficient for clinical assessment**

**The authors rightfully point out the scales often used to assess sleepiness and narcolepsy functioning are inadequate. Are they suggesting these scales should not be administered? Add more about how these scales might be integrated to an overall assessment and what value they can provide.**

Response: On Slide 6, we have revised the title to "Limitations of existing scales and other considerations" and have added a new text box that says, "Existing scales may be insufficient on

their own for clinical assessment of patients with narcolepsy and should be used in conjunction with more-personalized approaches.”

**Slides 9 & 10: Questions to ask: the presentation of the questions was a bit difficult to follow. Try another graphic approach.**

Response: We have changed the graphic approach on Slides 9 and 10.

**Slide 11: The statement on the right “Identification of individualized patient goals and changes in those goals over time” should be at the top of the goals.**

Response: We have moved this statement to the top of the list of goals and enclosed it in a colored box. For visual balance on the slide, we have moved the label “Iterative process that assesses symptoms, goals, functioning, and quality of life relative to previous visits” to the bottom and added some background shading.

**A brief case study demonstrating the guidance provided would be useful.**

Response: We have added a case study (Slide 12).

**Summary and publication recommendation: Clinicians need to expand their initial and serial assessments to include comorbidities and functioning. This publication offers sound advice supported by available data. I recommend for publication with edits based on comments above.**

Response: Thank you.

Thank you again for the opportunity to revise our publication for TheResearchPost. My coauthors and I look forward to hearing from you regarding next steps.

Sincerely,

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