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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics
ESPS manuscript NO: 23697
Title: *Knee awareness and functionality after simultaneous bilateral versus unilateral total knee arthroplasty
Reviewer's code: 02444788
Reviewer's country: United Kingdom
Science editor: Fang-Fang Ji
Date sent for review: 2015-12-14 10:05
Date reviewed: 2015-12-16 05:01

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[ ] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[ ] No	

COMMENTS TO AUTHORS

Good paper. No major flaws, the recognise their limitations and the discussion has good breadth. It wold be even better if it included data on complications, transfusion rate etc. Well written. Flawless English.

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Authors' Answer:

Thank you dear reviewer for your promising and constructive comments. This article is a retrospective article and we have tried to focus on long-term functional outcomes, which is not addressed sufficiently in previous articles on the same object. Therefore we didn't extract the data about transfusion rate or other immediate perioperative complication as our primary objective was, as mentioned before, long-term functional outcomes. In fact, as mentioned in the manuscript, we didn't include the patients with complications such as infection or revision arthroplasty, since we thought it would influence the ultimate functional results and increase the risk of bias. As you pointed we recognize our limitations and tried to apply the best statistical methods and involve the most important affecting parameters to reduce the bias and lessen the limitations, thus reflect a reliable outcome, which is supporting the practice of simultaneous bilateral total knee arthroplasty.

Of course we will use your constructive comments in our future researches on knee arthroplasty. Thank you again for your time reviewing our article, and please do not hesitate to contact us again if there is still ambiguity about the manuscript or other questions.

Regards
Roshan Latifi, on behalf of Authors

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics
ESPS manuscript NO: 23697
Title: *Knee awareness and functionality after simultaneous bilateral versus unilateral total knee arthroplasty
Reviewer's code: 02444730
Reviewer's country: Greece
Science editor: Fang-Fang Ji
Date sent for review: 2015-12-14 10:05
Date reviewed: 2015-12-17 02:30

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[ ] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[ ] No	

COMMENTS TO AUTHORS

My only concern is the matching of the patients. The SBTKA and UTKA groups were matched in terms of gender, age at the time of surgery, year of surgery, KL grade and pre- and postoperative anatomical knee alignment. What about the ASA score?

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Authors' Answer:

Thank you dear reviewer for your legitimate and useful comment.

All the patients in SBTKA, as mentioned in the manuscript, are in ASA 1 or 2 groups. We are aware of the fact that, cardiopulmonary disease tends to increase with age; hence, we found that patients in the SBTKA group were younger *before matching*. It can be argued that younger patients might experience fewer degenerative changes in the knees. To account for this, we matched the SBTKA and UTKA groups in terms of gender, age at the time of surgery, year of surgery, KL grade and pre- and postoperative anatomical knee alignment to minimize potential bias. If the results implied that SBTKA patients have had higher functional level than UTKA patients, so then there could be raised some concerns about comparing younger and maybe "physiologically better" patients (SBTKA) with older patients. But in our study we have found no difference between maybe "physiologically stronger" patients (SBTKA) and maybe "weaker" patients (UTKA), meaning that with our perfect matching we could have almost eliminated the bias. Nevertheless, ASA 3 and 4 patients are badly anesthesiologically suitable for a knee replacement surgery, resulting in not so many patients in UTKA group.

We would kindly like to draw your attention to this point that ASA classification is an anesthesiologic evaluation and is registered in anesthesiology forms; it mostly addresses the patients cardiopulmonary capacities; Of course the parameters can affect the endurance and walking distance but the method we have used here (OKS and FJS questionnaire) targets mostly the pain and rigidity which is influenced in a lower grade by cardiopulmonary capacities when it is compared with preoperative osteoarthritis severity, post-operative alignment, sex, age and etc.

Having said that, we tried to extract as much relevant data as possible and avoid getting confounded by too many data, because of retrospective nature of this study. These are the data, which, we think, play a significant role in functional outcomes. Of course the better way would have been to match the patients according to ASA group, but we should mention that, there are a lot of other parameters such as smoking, alcohol, psychological status, comorbidities, quality of life, job, educational level, ethnicity, nutritional status and etc. that play a role in functional outcome and could have been involved in this study. We will try to target these parameters in our future studies on knee arthroplasty. We tried to overcome the limitation as much as possible. Due to the retrospective nature of the study and limitations we have chosen to match the patients regarding gender, age at the time of surgery, year of surgery, KL grade and pre- and postoperative anatomical knee alignment, which we think, have a high relevant significance for the study. However, owing to your legitimate comment we have added a few words in strength and limitation section in the manuscript explaining this potential limitation.

Thank you again for your time reviewing our article, and please do not hesitate to contact us again if there is still ambiguity about the manuscript or other questions

Regards
Roshan Latifi, on behalf of Authors