Name of journal: *World Journal of Orthopedics*

ESPS Manuscript NO: 20190

Dear Editor,

In reply to your previous e-mail with regards to manuscript No: 20190: "Vertebral Fracture Assessment: current research status and application in patients with kyphoplasty," I am sending you this cover letter with the subsequent points:

1. The manuscript has been revised according to the peer-reviewers' comments.
Reviewer A.
[A good summary of the field. 1. On page 6 it would be better to say "there are relatively few fractures above T7" rather than that majority of VFs are at thoracolumbar junction. There are still many that are in the lumbar spine and lower parts of thoracic spine and the point is that they are generally below T7, not were the highest frequency of fractures is. 2. Page 9 - the authors say that for the meat T-score the least value between hip and knee was used. The recommendation is to use the lower of femoral neck or total hip. Perhaps they are saying the same thing but the way it is formulated does not sound right 3. The authors should state how many vertebrae were fractured and were these fractures were relative to the vertebrae with kyphoplasty. It is still a matter of debate whether vertebrae neighboring kyphoplasty are more likely to fracture and this dataset could provide interesting information in this regard.]

Thank you for your useful input to improve our manuscript. Indeed, "there are relatively few vertebral fractures above T7." There are many fractures in the lumbar spine and lower parts of the thoracic spine. The previous expression that "the majority of vertebral fractures are at thoracolumbar junction" has been replaced.

On page 9, the expression that "for the mean T-score the least value between hip and knee was used" is wrong. Instead, "for the calculation of the mean T-score, the least value between the lumbar spine and hip (femoral neck, or total proximal femur) was included for every patient. At the lumbar spine, at least 3 vertebrae (between L1 and L4) had to be evaluable, that is without kyphoplasty, for the T-score to be taken into consideration." According to the International Society for Clinical Densitometry recommendations, both the lumbar spine and hip regions should be measured. To increase precision, all evaluable vertebrae from L1 to L4 should be used, and only

vertebrae that are affected by local structural change or artifact should be excluded. Three vertebrae should be used, if four cannot be used, and two should be used, if three cannot. Kyphoplasty vertebrae could not obviously be considered, which is why they were excluded from the calculation of the mean T-score.

We agree that it is still a matter of debate as to whether vertebrae adjacent to the kyphoplasty are more likely to fracture, and our dataset could provide interesting information in this regard. Furthermore, for this interesting comment on the results and discussion sections, we present the topography of the fractured vertebrae apart from the vertebrae with kyphoplasty. Indeed most of them are on the “2 above and 1 below the kyphoplasty vertebrae” level (15 VFs), but, unfortunately, we have no data on whether these were new fractures or were present before the kyphoplasty.

Reviewer B.

[I Think this is an interesting Study with a relatively new measurement (VFA) which is an efficient and low radiation method of identifying VF. Please revise structur of the paper: Clear and detailed: Introduction, Methods, Study protocol, Indication for KP, inclusion/exclusion criteria, Resuls and Discussion with the latest literature.]

Thank you for your useful comment to improve the structure of the article. With regards to your useful comment to revise the manuscript structure to “Introduction, Methods, Study Protocol, Indication for Kyphoplasty, Inclusion/Exclusion Criteria, Results and Discussion,” we modified the structure accordingly. Our manuscript is an editorial with a research section integrated into it. The structure you suggest is very useful for pure research articles such as case series, but I was also requested to follow the “Guidelines and Requirements for Manuscript Revision” for editorials, which implies a slightly different structure. After taking in account both your useful suggestions and the journal’s guidelines for editorials, and also the fact that our manuscript is an editorial with integrated research, we modified the structure of our manuscript accordingly.

2. The manuscript has been revised according to the Guidelines and Requirements for Manuscript Revision-Editorial.

3. An Audio Core Tip is also provided in the requested form.

4. The manuscript was subjected to CrossCheck analysis, the final title was subjected to a Google Scholar search, and screenshot images of the results are provided.

5. We provided the files related to academic rules and norms, including the conflict of interest statement.

6. A language editing certificate is also attached.

7. The Copyright Assignment form has been signed and is attached.

We would like to thank you for considering the product of our hard work for publication in your well-known journal, and we look forward to your feedback.
Best regards, Corresponding Author Efstathios Drampalos