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Dear Dr. Xiu-Xia Song, Vice Director, Editorial Office of World Journal of Orthopedics

According to our correspondence with you we are pleased with the opportunity to resubmit our manuscript entitled "Knee awareness and functionality after simultaneous bilateral versus unilateral total knee arthroplasty" to be reviewed again by peer reviewers.

First reviewer comments:

Reviewer's code: 02695138, Reviewer's country: Croatia, Science editor: Jin-Xin Kong, Date sent for review: 2015-11-24 00:51, Date reviewed: 2015-11-27 22:58

COMMENTS TO AUTHORS: It is highly unusual to cite statistician's name in the statistical analysis inside the manuscript (make acknowledgement)

Answers from Authors: The name is deleted from the manuscript. It was a misunderstanding from guidelines of submitting the manuscript.

Second reviewer comments:

Reviewer's code: 01200726, Reviewer's country: Japan, Date sent for review: 2015-11-24 00:51, Date reviewed: 2015-11-29 14:29

COMMENTS TO AUTHORS: This study investigated knee awareness and functional outcomes in patients treated with simultaneous bilateral versus unilateral total knee arthroplasty (TKA). All patients were asked to complete Forgotten Joint Score (FJS) and Oxford Knee Score (OKS) questionnaires. Simultaneous bilateral TKA (SBTKA) and unilateral TKA (UTKA) patients exhibited similar joint functionality and knee awareness. The authors matched the patients between SBTKA and UTKA in terms of gender, age at the time of surgery, KL grade and pre- and postoperative knee alignment. Did the authors compare clinical scores preoperatively? This study seems to have no clear evidence to support the use of SBTKA in selected patients who suffer from clinically symptomatic bilateral osteoarthritis.

Answers from Authors: It is a retrospective study in nature. We have collected the data retrospectively from our arthroplasty database. The preoperative data included the indication for surgery, which was symptomatic unilateral or bilateral osteoarthritis, for which non-operative treatments had failed. On the basis of this indication/diagnosis, the patients' functional score is considered poor preoperatively. On the other hand we have used preoperative radiographs to assess the severity of radiologic osteoarthritis. We want to kindly draw reviewers attention to the method we have used in this study. The strength of the present study is the matching of patients between the study groups in terms of gender, age at the time of surgery, KL grade and pre- and postoperative knee alignment. We obtained an almost perfect matching between the two study groups. Because of this matching procedure, we believe that our study groups are comparable. For the first time we have used the Forgotten Joint Score that was validated in a parallel study by authors. The forgotten joint concept, which is based on the level of

knee awareness, is a more discerning assessment method that has shown better discriminatory power and less ceiling effect than traditional questionnaires measuring pain or function. These features are especially appealing for more active patients with good to excellent outcomes after TKA. For better assessment we have also included the OKS score. The reviewer didn't describe in more detail why this study seems to have no clear evidence to support the use of SBTKA.

We believe that this manuscript is appropriate for publication in the *Archives of Orthopaedic and Trauma Surgery* because it is highly relevant to the ongoing debate about the safety of and justification for SBTKA and the importance of achieving a pain-free knee with natural feeling during activities of daily living. Additionally, our study is unique in that it focuses on long-term functional outcomes and knee awareness rather than perioperative complications and cost-effectiveness, which has been the primary focus of most previous studies..

Sincerely,

On behalf of all authors

Roshan Latifi, MD

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