

Dear Editor,

**Thank you for reviewing our paper entitled “Trochanter/calcar Preserving Reconstruction in Tumors Involving the Femoral Head and Neck”
(ESPS Manuscript NO: 25319)**

We attempted to address the concerns raised by the reviewer. We hope the manuscript has been improved substantially by the revision processes.

Reviewer # 1

I do not understand following statement: "After the planned intertrochanteric osteotomy, attachments of vastus muscles and psoas and the anterior capsule were detached from the proximal segment to remove the proximal segment." Please provide more details how this detachment is achieved and how much resection below the tip of greater trochanter was achieved in every case.

As suggested, we changed the sentence “After the planned intertrochanteric osteotomy, attachments of vastus muscles and psoas and the anterior capsule were detached from the proximal segment to remove the proximal segment.” to “After the planned intertrochanteric osteotomy, attachments of vastus muscles and the anterior capsule were detached from the intertrochanteric line of proximal segment to remove the proximal segment. And attachment of psoas was partially detached from the lesser trochanter.”

2. Please provide one case (X rays) with greatest resection (lowest point on the lesser trochanter)

As suggested, we added the Figure with greatest resection.

3. Please provide specific details, explanation how this osteotomy differs from any other resection of the femoral neck during THA and what is new in this approach.

We changed the sentence “we made a curved osteotomy in sagittal plane from the tip of greater trochanter to lower level or below the lesser trochanter according to the tumor margin.” to “we made a curved osteotomy in sagittal plane from the tip of greater trochanter to lower level or below the lesser trochanter according to the tumor margin, while usual osteotomy for primary THA is made straightly at 0.5 inch above lesser trochanter.”

Reviewer # 2

I have received your literature. The effort to reduce postoperative morbidity by preserving trochanter and calcar seemed to have yielded a good result. however I have some question about the benefit from preserving calcar, and as you have previously described, the number of cases is limited. A comparison of clinical outcome between trochanter/calcar preserving reconstruction and total femur reconstruction will be concluded better report result. I believe this method could be applied to selected patients.

As suggested, we added the sentence “However, the mean HHS (98 points) was satisfactory at last follow-up, which was comparable with that of primary THA.^[26]” in the Discussion.