

Dear Professor Fang-Fang Ji,

We thank you for the opportunity to revise our paper “Teriparatide anabolic therapy as potential treatment of type II dens non-union fractures”. We hope we have made the necessary changes but we are happy to make further clarifications if felt necessary. Please find below the comments from the reviewers (*italics*) together with our responses and changes:

Reviewer #1: Discussion and Conclusion are too long. They need to be shortened.

Thank you for taking time to review our work and to give us some suggestions in order to improve quality of our paper. Conclusion and Discussion have been shortened.

Page 2, under the core tip change alternative to adjunct. Adjunct is better than alternative as the patients still need to use the collar. Core tip last line, please delete without surgical indication as it is superfluous

At Page 2 under the core tip, word “alternative” has been changed with “adjunct” and at Core tip the sentence “without surgical indication” has been deleted as requested.

Reviewer #2: Authors report the treatment of a relatively common disease (a type II odontoid fracture) with a widely used therapeutic approach in enhancing fracture healing (teriparatide), that has not been specifically reported as a therapeutic agent in this precise condition. So, what the study adds is that this therapy also functions (as expected) in odontoid fractures.

Thank you very much for your review of our work and to give us the possibility to explain better our idea. The use of Teriparatide to enhance fracture healing is not a widely used therapeutic option since FDA approved its use only for the treatment of severe postmenopausal osteoporosis. However, each skeletal segment has obviously mechanical and peculiar biological characteristics so we believe that it is important to show how the use of this drug in type II dens fractures could lead to good results. In our knowledge only one published case series reported Teriparatide effects on dens fractures and it only describes patients with type III fractures. In addition, if it is true that the type II dens fractures are very common in the elderly, it is equally true that a greater number of patients will need to receive an optimal and effective treatment of this condition in order to improve quality of life, to reduce comorbidities and to decrease social costs.

Reviewer #3: The number of Figure is too much and Discussion and is too long. The Figure 2 and 4 may be deleted.

Thank you very much for your review of our work and insightful comments. We have completely revised and shortened discussion and conclusions. Introduction has been revised and shortened too. Figure 2 and 4 has been deleted and the others figures renumbered.

A important reference (Campbell EJ, et al. The effect of parathyroid hormone and teriparatide on fracture healing. Expert Opin Biol Ther. 2015 Jan;15(1):119-29.) should be added. The efficacy for Teriparatide to improve the healing process has also been reported in the setting of various types of fractures.

The reference “Campbell EJ, et al. The effect of parathyroid hormone and teriparatide on fracture healing. Expert Opin Biol Ther. 2015 Jan;15(1):119-29” has been added; we have also added some references; they are renumbered in the final version of the manuscript.

Comments in the manuscript:

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Institutional Review Board statement has been added to the final manuscript.

2. Any research article describing a study (clinical research and case report) involving humans should contain a statement in the title page clearly stating that all involved persons (subjects or legally authorized representative) gave their informed consent (written or verbal, as appropriate) prior to study inclusion. In general, the BPG requires that any and all details that might disclose the identity of the subjects under study should be omitted or anonymized. In the rare situation that a study participant's identifiable information is crucial to the case presentation, the statement of informed consent is absolutely necessary, unless the participant is deceased. In addition, a copy of any approval document(s)/letter(s) or waiver should be provided to the BPG in PDF format.

Informed Consent Statement has been added to the final manuscript.

3. A conflict-of-interest statement is required for all article and study types. In the interests of transparency and helping reviewers to assess any potential bias in a study's design, interpretation of its results or presentation of its scientific/medical content, the BPG requires all authors of each paper to declare any conflicting interests (including but not limited to commercial, personal, political, intellectual, or religious interests) in the title page that are related to the work submitted for consideration of publication. In addition, reviewers are required to indicate any potential conflicting interests they might have related to any particular paper they are asked to review, and a copy of signed statement should be provided to the BPG in PDF format.

Conflict-of-interest statement has been added to the final manuscript

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The Comments required has been added: Case characteristics, Clinical diagnosis, Differential diagnosis, Laboratory diagnosis, Imaging diagnosis, Pathological diagnosis, Treatment, Related reports, Term explanation, Experiences and lessons.

Comments in the email:

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Institutional Review Board statement, Informed Consent Statement, and conflict-of-interest statement have been added to the final manuscript. Open-Access and copyright have been added in the revised manuscript.

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We have no grant application or any funding agency that supported our case.

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Revised manuscript has been resubmitted on line according to the guidelines cited above.

All authors have read and approved the final manuscript.

Yours sincerely,

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