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Name of Journal: *World Journal of Orthopedics*

ESPS Manuscript NO: 27913

Manuscript Type: Original Article

Title: The Surgical Apgar Score predicts early complications in transfemoral amputees.

Dear Editor,

We have considered the reviewers' comments in detail and appreciate the effort put into their analysis of our manuscript. Our responses to their comments can be found below. As recommended, the manuscript has been revised by American Journal Experts and checked for plagiarism using iThenticate.

Reviewer 00508438 comments

- 1- "The results section of the abstract has repetitive information."
- 2- This matter has now been resolved.

- 3- "Language needs to be reviewed."
- 4- This matter has now been resolved. American Journal Experts has revised the language in the manuscript.

- 5- "Other accuracy measures calculation would be of interest."
- 6- Without any specific analysis of measures, it is unclear what would be sufficient. We usually only use ROC analysis.

- 7- "It would interesting to test differences between groups in table I and II."
- 8- P-values have been added to Tables I & II.

- 9- "Figure IV is not correct. AUC is under 0.5 in the figure."

10- Our typing error in the text has been resolved.

11- "I could not understand how the SAS cut-off point was found to be optimal."

12- All cut-off points were evaluated by the Youden index. We have added a text line explaining this.

13- "Figure II to IV could be combined in the same figure."

14- We agree. This has been done.

15- "In the discussion it should be discussed the limitations concerning the retrospective nature and the impact of missing data."

16- This is now done; "Limitations of this cohort study include those associated with its retrospective design and the missing data. Since there are many co-morbidities within this study, there is a risk that some postoperative complications could already have been present before amputation. However, the data collectors within this group have been highly aware of this matter. The study was performed with a unique group of patients often considered poor candidates for intensive care treatment with high postoperative morbidity and mortality. Randomized controlled trials and prospective studies can be a dubious task with this population. Accordingly, we found the retrospective design sufficient to answer our research question of the study. The study provides some evidence of the value of the SAS in postoperative treatment. However, further prospective studies examining the performance of the SAS seem warranted."