

Response to Reviewers and Editorial Comments:

- 1) Authors should add a statistical analysis paragraph to the method section. It is not enough to state only the name of the program used in statistics. What statistical methods were used? What value was considered meaningful? Is power analysis done?

Paragraph has been added for statistical analysis. Due to the difference in sample size between the two groups we used fishers exact test to look for a statistically significant difference. P value of <0.05 was considered significant and we did not do a power analysis.

- 2) Abbreviated terms should be given with their full name in the first use (NHS, NICE, etc.)

Abbreviations were used in discussion – have been changed to their name in full instead as they are not repeated many times.

- 3) The reference of many information provided in the discussion section is not specified.

This has been corrected and all references updated.

- 4) I have specified 2 studies that should be read below and cited in this study: Kang SW, Shin WC, Moon NH, Suh KT. Concomitant hip and upper extremity fracture in elderly patients: Prevalence and clinical implications. *Injury*. 2019;50(11):2045-2048. doi:10.1016/j.injury.2019.09.010 Recep Ozturk, Sefik Murat Arikan. Comparison of locking plate and cephalomedullary nailing in unstable proximal femur fractures. *J Clin Anal Med*. 2018;9(1):18-22

Dear Reviewer, I found the paper by Kang et al very helpful and I have included this in the discussion section. I am however struggling to cite the paper by Ozturk as it does not seem related to parts of the study or discussion.

- 5) A paragraph should be added to the discussion section that indicates the limitations of this study

This has been added as second last paragraph.

- 6) In the method section, I think that it is necessary to give more information about the database where this data is provided and even to add resources if possible.

The data used was from local data that was input into the national hip fracture database from our unit. This has been added to methods.

- 7) No need to be given in both method and results sections of the years covered by the study.

Corrected

This study is on the mortality between the hip fracture alone and combined hip and proximal humerus fracture. As you mentioned at study limitation, number of patients in combined hip and proximal humerus fracture group is so small. In other words, the gap between number of patients of two groups is too big. It can make the statistic errors on the mortality analysis between different fracture types and method of treatment of the proximal humerus fractures. 30 day mortality is 7.2% in the hip fracture cohort and

12.5% in the combined cohort. This difference can be importantly noticed from the descriptive analysis. However, the difference of number of patients between two groups can cause misguided statistic results which lead to clinical significance of this study can be limited.

Dear Reviewer, thank you for your time in reviewing our work. The limitation is acknowledged in the discussion section of the paper and this has been highlighted further. May I please draw your attention to two studies that have compared very large and small groups using similar statistical tests to ours. We used Fisher's exact test to counter the large difference in sample sizes, but still do agree that this study has limitations.

Mulhall KJ, Ahmed A, Khan Y, Masterson E. Simultaneous hip and upper limb fracture in the elderly: incidence, features and management considerations. *Injury* 2002;33(1):29-31.

Kang S, Shin WC, Moon NH, Suh KT. Concomitant hip and upper extremity fracture in elderly patients: Prevalence and clinical implications. *Injury* 2019;50(11):2045-48. doi: 10.1016/j.injury.2019.09.010. Epub 2019 Sep 8.

Comments by Scientific Editor:

- 8) The difference of number of patients between two groups can cause misguided statistic results which lead to clinical significance of this study can be limited. The questions raised by the reviewers should be answered.

They have been answered as above.

- 9) A total of 7 references are cited, without references published in the last 3 years. The authors need to update the references.

These have now been updated and some more references added.

- 10) The highest single-source similarity index in the CrossCheck report showed to be 11%. According to our policy, the overall similarity index should be less than 30%, and the single-source similarity should be less than 5%. Please rephrase these repeated sentences.

I am only able to see a single photo with the results section highlighted in the abstract. The similarity is with sage pub. Would it be possible to have more information on the repeated sentences and similarity comparison? Would you be able to offer what is this similar to? The paper may have been published as an abstract from a conference in 2018 which could be causing a glitch with similarity matching software?

- 11) I found no "Author contribution" section. Please provide the author contributions;

This has been added underneath keywords/declarations on the first page of manuscript.

- 12) I found the authors did not add the PMID and DOI in the reference list.

This has now been done where available.

- 13) Article Highlight

Now Included

- 14) the author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces.

This has now been done