

Dear respected editor and reviewer:

Thank you for your kind letter of “The Chinese Association For the Study of Pain (CASP): Experts Consensus on Diagnosis and Treatment for Lumbar Disc Herniation” (Journal: World Journal of Clinical Cases. ID: 61512). We revised the manuscript in accordance with you and the reviewer comments, and carefully proof-read the manuscript to minimize typographical, grammatical and bibliographical errors.

Here below is our description on revision according to the editor in chief and reviewer evaluation.

Editor in chief

Issues raised:

(1) The “Author Contributions” section is missing. Please provide the author contributions;

Answer: Thank you for your kind and nice suggestion. We have revised in the paper.

Contributorship statement

All authors contributed to this expert consensus through each of the following: (1) framework and conception design; (2) revising it critically for important intellectual content; (3) giving final approval for the version to be published. Drs. Xiangrui Wang and Zhixiang Cheng were responsible for the communication with others to co-ordinate the preparation and completion of work assignments. Dr. Zhixiang Cheng and Hongwei Fang drafted the English manuscript. Drs. Yongjun Zheng, Zhiying Feng, Hongwei Fang and Jinyuan Zhang were involved in the diagnosis and treatment for Lumbar Disc Herniation in detail.

(2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

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(3) Authors should always cite references that are relevant to their study. Please check and remove any references that not relevant to this study.

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REVIEWER EVALUATION

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This manuscript described experts consensus on diagnosis and treatment for lumbar disc herniation. This consensus has high clinical guiding value for treating pain caused by LDH. However, it has some errors need to be corrected. 1. Table 1 is disordered and needs to be reformatted. 2. Selective nerve root injection could be used as one of the diagnostic tools. It should be reflected in the text. What's more, the recommended level of selective nerve root injection is questionable. More RCTs evidences are needed to support the conclusion. 3. The evidence based medicine of needle-knife surgery is not sufficient. Please provide relevant literature evidence. 4. The recommended level of percutaneous disc collagenase chemical lysis needs to be reconfirmed. 5. Articles about RCTs and guidelines are rare in References. References in recent 3 years are relatively few.

1. Table 1 is disordered and needs to be reformatted.

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Protruding segment	Affected nerve	Pain area	Superficial hypoesthesia	Muscle strength decline	hyporeflexia
L1-4, L4-5 lateral	L4	Lower waist, buttocks, anterolateral thighs, medial calves	Anterolateral thigh, knee joint, medial leg	Quadriceps dorsal extensor	Knee jerk
L4-5, L5-S1 lateral	L5	Sacroiliac, buttocks, lateral thighs, lateral calves, dorsal feet	Lateral leg, dorsal foot, great toe (hallux)	First toe back extension, foot back extension	No
L5-S1	S1	Sacroiliac, waist, buttocks, posterolateral thigh, posterolateral calf, posterolateral foot	Back of calf, lateral ankle, outside of foot	First toe plantar flexion, toe flexion	Ankle reflex

2. Selective nerve root injection could be used as one of the diagnostic tools. It should be reflected in the text. What's more, the recommended level of selective nerve root injection is questionable. More RCTs evidences are needed to support the conclusion.

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