

Dear Editor,

On behalf of my co-authors, I am writing to submit the revised manuscript entitled “BICRUCIATE-RETAINING TOTAL KNEE ARTHROPLASTY: WHAT’S NEW?”.

We thank for the comments and useful suggestions that have helped us to improve our paper considerably. As you may see in the point-to-point answers below, we changed our manuscript according to your suggestions.

Answers to Reviewer commentary:

- Comment: “The content of this article is relatively new, and there are not many articles reported about bicruciate retaining total knee arthroplasty (BCR TKA). The article should clarify the indications and application scope of BCR TKA. If it is a unicompartment lesion of the knee, should we choose unicompartmental arthroplasty or KTA? Because unicompartmental arthroplasty is relatively simple in technology.”
- Response: As suggested we clarified the indications section according to the Reviewer comment.
 - Indications section
 - Previous part (Lines 76-84): Despite so there is a significant lack of knowledge around patient segmentation for this surgery. Available literature on BCR TKA frequently do not specify indications in a precise manner, moreover there is a significant overlap between recent unicompartmental (UKA) and bicompartamental knee replacement indications that may be confusing. BCR TKR may, in fact, ideally combine the expected advantage of UKA in term of restoring natural knee kinematics and TKA long term survival rates. Age is not a barrier to BCR TKA [22] but the surgeon should preoperatively and/or intraoperatively evaluate the ACL integrity, the coronal alignment and range of motion limitations to decide if this implant is the best choice.
 - Modified part: (Lines 76-86): *Available literature on BCR TKA frequently do not specify indications in a precise manner, moreover there is a significant overlap between recent unicompartmental (UKA) and bicompartamental knee replacement indications that may be confusing. BCR TKR may, in fact, ideally combine the expected advantage of UKA in term of restoring natural knee kinematics and TKA long term survival rates. Despite so, whit the available data seems reasonable to choose UKA in case of limited unicompartmental knee OA, in contrast when at least two compartment are involved in the degenerative process the choice between bicompartamental knee*

replacement and BCR TKA is still unclear. Moreover, age is not per se a barrier to BCR TKA [22] but the surgeon should preoperatively and/or intraoperatively evaluate the ACL integrity, the coronal alignment and range of motion limitations to decide if this implant is the best choice.

Answers to Science editor commentary:

- Comment: “The title is too long, and it should be no more than 18 words”
- Response: the title is long 6 words so it seems to fit the requested criteria (no more than 18 words)
- Comment: “The “Author Contributions” section is missing. Please provide the author contributions”
- Response: We added the “Author Contributions” section as requested
 - **Author contributions:** Sabatini L. provided the input in writing the paper, Bistolfi A. and Capella M. collected the literature review, Barberis L., Camazzola D. and Centola M. wrote the paper; Massè A. and Schiraldi M. coordinated the writing of the paper.