

The aim of this study was to quantitatively evaluate patients with osteoarthritis of the hip and knee before and after joint replacement surgery using validated PROMs and to compare the clinical outcomes between THR and TKR. It is potentially to be published, but some comments given as follows:

1. The abstract section needs to be expanded to provide quantitative data.

The abstract has been re-written to contain key quantitative data.

2. Given the "take-home" message at the end of the abstract, the present form was insufficient.

The abstract has been re-written and now contains a clear take-home message.

3. Sort the keywords according to alphabetical order.

The key words have now been arranged alphabetically.

4. Regarding body mass index in correlation to total joint replacement, please support it with literature of <https://jurnaltribologi.mytribos.org/v33/JT-33-31-38.pdf>

The following sentence and reference have been included in the introduction:

"furthermore, increasing levels of obesity have been shown to increase total stress and stress distribution in hip implants (23)."

5. What makes the author's novelty in the present article? My analysis suggests that other similar previous articles properly explain the points you have brought up in the current paper. Please be sure to emphasize anything truly novel in this work in the introductory section.

The Introduction section is to simply introduce the general topic of the paper to the readers. The further elaborate explanation of what is particularly novel about the study is conventionally included in the text within the Discussion so as to compare the findings of the study to the existing literature. We have already included in the last paragraph on page 12 the key novelty of this study:

"A strength of this study is its comparison of multiple disease specific PROMs (KOOS, HOOS, WOMAC, OKS and OHS) as well as generic PROMs (EQ-5D scores and SF-12). The use of this variety of scores can provide a more holistic and detailed assessment of clinical outcomes than that available in the current literature."

6. In the introduction section, it would improve the quality of the present work by providing an additional related figure.

We have reviewed the introduction section and cannot identify a specific point which would be enhanced by the use of a figure. It is therefore our preference to respectfully not further alter the introduction, in this way, as it accurately reflects the general principles of the topic of this research.

7. Line 96 of page 9, please state give the initial Total hip replacement as THR before using following as THR.

Total Hip Replacement and Total Knee Replacement and their initialisms have been used prior to this in the manuscript. Nonetheless, this change has been made as requested.

8. What is the meaning of “longitudinal observational study”?

A longitudinal observational study is commonly used study design where the same population of participants are observed and measured at different points in time (i.e. before and after a surgical intervention). Changes in the characteristics of the target population at both the group and the individual level.

9. Please explain potential further study performing computational simulation/in silico study in total joint replacement. It brings several advantages such as lower cost and faster results compared to medical/in vivo and laboratory/in vitro study. For this purpose, please provide the explanation and referring to: <https://doi.org/10.3390/ma16093298> , <https://doi.org/10.3390/biomedicines11030951> , <https://doi.org/10.1038/s41598-023-30725-6> , <https://doi.org/10.1016/j.heliyon.2022.e12050> , and <https://doi.org/10.3390/su142013413>

This is a pragmatic clinical study of real time clinical practice. It is not a basic science study and commentary to this effect is not relevant to our present paper.

10. Regarding previous comment, computational simulation/in silico also become preliminary study before performing in vivo/in vitro study and/or supporting the results of in vivo/in vitro study. Explain this point and supported with relevant reference as follows:

<https://doi.org/10.3390/met12081241> , <https://doi.org/10.3390/jfb13020064> , <https://doi.org/10.3390/ma14247554> , <https://doi.org/10.3390/jfb12020038> , and <https://doi.org/10.3390/su15010823>

This is a pragmatic clinical study of real time clinical practice. It is not a basic science study and commentary to this effect is not relevant to our present paper.

11. Due to grammatical problems and linguistic style, the authors should proofread the work

All authors have proofread that manuscript again thoroughly for grammatical errors. The authors of this study are from the UK, where English is our first language. We would, of course, like to address any specific examples of incorrect grammar or rephrase sentences which could be clearer.

Editor in Chief Comments

Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Additionally, to the reviewers comments, we have amended our tables to the specifications as made clear by the Editor in Chief.