



# BAISHIDENG PUBLISHING GROUP INC

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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Orthopedics

**ESPS manuscript NO:** 17086

**Title:** Patient specific guides for total knee arthroplasty are ready for primetime

**Reviewer's code:** 01220036

**Reviewer's country:** United States

**Science editor:** Xiu-Xia Song

**Date sent for review:** 2015-02-12 11:37

**Date reviewed:** 2015-06-05 22:48

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

need pre and post op pics. in results show how many were mild , moderat and severe. also u cant say it is for prime time use as I am sure u used it for mild case only?

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Orthopedics

**ESPS manuscript NO:** 17086

**Title:** Patient specific guides for total knee arthroplasty are ready for primetime

**Reviewer's code:** 02699758

**Reviewer's country:** Japan

**Science editor:** Xiu-Xia Song

**Date sent for review:** 2015-02-12 11:37

**Date reviewed:** 2015-06-16 13:55

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

To the authors and the Editor: The authors compared the accuracy of TKA using patient-specific instruments (PSIs) with that of TKA using the conventional technique. In addition, they compared the accuracy of 4 different manufactured PSI TKAs. In conclusion, TKA using PSIs was more accurate than TKA using the conventional method, and no difference in accuracy was found between the 4 different manufactured PSI TKAs. Regarding the PSI TKA that was recently developed, more research studies, including precision, cost, operation time, blood loss, radiation exposure, and long-term survival, should be conducted in order to examine if it confers more benefits to patients than the conventional TKA. The manuscript could add new information on PSI TKA regarding its accuracy. If the authors can resolve the questions listed below, I would be in favor of the publication of their report.

- In Table 4, the LFC outliers are 15.78% in the PSG group and 58.33% in the conventional group. Much more outliers are in the conventional group than in the PSG group, although the means in both groups are almost same. How can the authors explain the discrepancy between the numbers of the outliers and the means of the LFC? Is it because of relatively larger SDs in the conventional group than in the PSG group?
- Line 15 on page 8: "Outliers of the FFC for the



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PSG are comparable or better than ..." should be changed to "Outliers of the FFC for the PSG are comparable or less than ...."