

ANSWERING REVIEWERS

The authors present a nice (partial) prospective study about accuracy in digital planning of cementless total hip replacement.

The scientific question of comparing standard planning on digital pelvic a.p. versus hip a.p. x-rays with a control group of analogue planning was stated clearly in the introduction.

The accuracy could be increased by the new planning approach with a high amount of exact planned implant size in Group 2 with maximal deviation of 2 sizes.

Nevertheless, templating software stays just a helpful tool in preoperative planning and accuracy should be increased to a maximum of +/- 1 implant size in future.

They evaluated an acceptable number of patients in 3 comparable groups, which is comparable to other studies in this topic.

The methods are clear and described in detail.

24 references were cited, including recent works of the last years and nice figures were added representing the planning method.

There are a few questions remaining:

Did you observe differences between pelvic overview and a.p. view measurements in group 2?

Authors comments:

Of course, we evaluated differences but without statistical significance.

Did you use the common settings in MediCAD or was an adaption of the software necessary?

Authors comments:

Yes, we used the common settings in MediCAD only; there was no adaption of the software necessary.

What about other available planning software?

Authors comments:

We not used other planning software.

Are there any comparative studies?

Authors comments:

To the authors best knowledge, there are no any comparative studies until now.

How did you randomize Group one and two? Was there any randomization?

Authors comments:

This was a consecutive case control study, without randomization.