

Responses to Reviewer #1 comments:

1) We would like to thank the reviewer for the very careful observation of dividing FFPE into different subtypes. However, according to the main guidelines, we did not believe that the care path would be substantially so different. Thus, we believe that it is more useful to try to standardize it by simplifying the concept.

2) The paper did not follow a specific format, taking into account the study design as an Editorial lacking detailed data or synthesis of results. It is an Editorial that I was invited to write as Editor in Chief of this Journal.

Response to Reviewer #2 comment:

We would like to thank the reviewer for the interesting suggestion, adding a paragraph regarding patients with proximal femur fracture and dementia.

Responses to the Editorial Office's comments:

As requested by the Editorial Office, we provided the following changes:

- 1) reduction of self-referencing rate (less than 10%);
- 2) inclusion of PMID and DOI citation numbers in the references;
- 3) list of all authors in the references;
- 4) inclusion of a new figure describing the transdisciplinary management of hip fracture patients.

Answering reviewers for second-round review

Although the authors have made some improvements, it's better to add some limitations for the following concerns in the Discussion section. Thanks!

1. FFPE were too broad and general. It probably includes femur head fractures, femur neck fractures, intertrochanteric fractures, subtrochanteric fractures, and proximal femur shaft fractures, etc. Each one has several types. The best treatment methods should be variable and individualized. It was hard to provide a very pertinence and appropriate guidance for the clinical practice if mixing them together.
2. This paper didn't follow a specific format. It lacked detailed data and synthesis of results.

Answer: Thanks for your suggestions and sorry. Before, we didn't understand to add the highlighted limitations in Discussion.

Best regards

Massimiliano Leigheb