Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, your report is interesting and compares two groups of different treatments for proximal humerus fractures. It may be used by other practitioners in regard to what option to choose in their practice. I would like to point out that the text needs polishing. First, please ensure that the groups are distinguished by Arabic numbers as group 1 and group 2 in the abstract and throughout the entire text. Please, correct grammar in figure legends. Evaluation criteria (line 211) cannot be given in the past tense. In the Discussion, please, name the authors correctly (surname et al) and in a uniform style. Georg is the name and Zhao is a surname, lines 335-336. References should be corrected (Lines 408, 445 and some others) for accuracy and punctuation. You remove or resect the fibular segment (sometimes you name it section, other times segment)? Please, be accurate. X-rays films or images? Neck-shaft angle or neck stem angle and so on. Lines 153, 154, 156, 164, 170. 170-173, 191, 218, 219, 213, 211-226, 294 should be corrected. Sincerely

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 85044

Title: Treatment of proximal humeral fractures accompanied by medial calcar fractures using fibular autografts: A retrospective, comparative cohort study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05937294

Position: Editorial Board

Academic degree: MD

Professional title: Research Fellow

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2023-04-09

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-06-13 00:59

Reviewer performed review: 2023-06-13 15:16

Review time: 14 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

the authors presented a study evaluating using locking plates combined with fibular autografts in a form of retrospective cohort. the manuscript is well written and there are a few issues that should be addressed before publication. Please mention each group sample size in the abstract, method. Line 37, you double write " can". Please mention in introduction that there was a promising result in using the locking palates in other fractures (References: http://dx.doi.org/10.18502/jost.v8i4.10456, https://doi.org/10.18502/jost.v8i3.9910, https://doi.org/10.1007/s00590-023-03500-6)

Scientific quality	[ ] Grade A: Excellent　[ ] Grade B: Very good　[Y] Grade C: Good [ ] Grade D: Fair　[ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent　[Y] Grade B: Good　[ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent　[Y] Grade B: Good　[ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear authors, The current study is of scientific value but there are a lot of things that need to be revised. As a whole, the English language of the study is far from good, which makes the reading process difficult. Some sentences are misleading. You have done a lot of work on that topic. It is an interesting study, but corrections should be made to make this more easy to read and more convenient for the readers. First, define "comminuted" fractures. There could be a medial caclar comminution, comminution of the tuberosities or humeral head. If you mean medial calcar comminution you should specify this in your title and manuscript. Please, don't use the word "defects". It is very misleading. You have two pathognomonic features: calcar comminution and/or humeral head defect, which mostly occurs in osteoporotic humeral bones after impaction of the head and shaft. For example, Abstract, Line 6 - "numerous fracture defects". Abstract, line 8 - replace "identified" with "established". Abstract, Line 9 - replace "severe" with "severely". Please, in your whole Manuscript, do not use the term "constant Murley". It is Constant-Murley score, and not the adjective "constant"!!! For Conclusion in your Abstract, line 36- replace "rebuild" with "recreate". Line 45 - "low

speed" is incorrect. Generally, there are high and low energy traumas. Do you mean - falling from a standing height?   Line 47, replace "strong fixation" with "stable fixation". Same line, replace "unachieved". There is no such word in English.   Line 50- 54, there is no point to explain the Neer classification system, this is not the point of your study. Just write that this is the most commonly used classification and cite it, it is enough. Line 57-59: "Many cavities remain at the fractured end after reconstruction in severe comminuted fractures, which are often accompanied by many fracture defects and loss of medial support, which are important factors that lead to internal fixation failure. " - please, write this in English.   Line 64, it is incorrect "bone removal area", the term is "harvested area".   Do not use the word "transplantation", the proper term is "autografting" or "grafting".   Line 73-76, I got the idea of the aim, but still it is confusing, rewrite this.   Line 80 - define "fresh" fracture.   Line 89 - "obvious osteoporosis" and "obvious defect" is a biased statement. How you define osteoporosis and the defect, there are a lot of tools, measurements, and finally x-rays criteria of osteoporotic bone. "Obvious" for somebody is not obvious for somebody else.   The terminology is GREATER AND LESSER TUBEROSITIES, not large and small - change this in the manuscript.   Line 197-199, it is not necessary to explain the Constant-Murley score. Just write that you used this score. The same thing replies for the Mallet score. The same thing replies for the neck-shaft angle. Just cite the source (article) you saw the instruction for the measurement.   What is the "humeral neck-trunk angle"? Is it the same as humeral neck-shaft angle???   Line 321 - "lesser" trauma is incorrect term.   Line 339-341: "The elderly experience osteoporosis, bone loss, large cavity formation after fracture reduction, and are more likely to lose medial support, which cannot produce a good supporting effect after fracture reduction". - rewrite these sentences, it is hard to understand the point.   Line 352 - "institutions" is a more suitable word than "areas". In the Conclusion part, what is "autofibullar" ? The term is fibular AUTOGRAFT.   The

point of treating fractures is not to improve a patient's score but patient function. Score is the tool we use to evaluate the function of the patient affected anatomic area. Please, write "improved shoulder function"! The whole Conclusion part, Line 392-396 must be rewritten. It is misleading and hard to read. Make more than one sentence, but with high quality information.