

TO REVIEWER 1

- The quality of the text varies from section to section and the manuscript needs minor edition (especially section of Introduction) to correct spelling, grammatical and punctuation errors, tense and conjugations.

The article has been returned to the touch-up organization for modification after the revision with the revision suggestion. Thank you for pointing out the error

- (b) Few missing citations were detected throughout this manuscript. For example: line 25–26, 33–34, 39–41, 48 (few related studies)

Due to the format problem of the original manuscript, the reviewer mistakenly thought that the article was incomplete and the revision was completed.

- (c) Introduction line 40–41, authors stated that "Fusion and other surgical methods seem to be difficult to deal with too large talar tumors", further explanation on why fusion and other surgical methods is not appropriate to treat large talar tumors should be highlighted by authors for the benefit of the readers.

Some explanation has been given above: "the loss of ankle joint function caused by fusion surgery is a problem that we cannot ignore", It is due to our improper expression that supplementary explanation has been made.

- (d) Line 84, authors stated that "hydroxyapatite coating and nano-treatment were used to promote bone growth", the statement is unclear. What is the thickness of HAp coating layer? And what kind of nano-treatment was conducted?
- (e) The methodology of 3D printing process is unclear. For example, types of 3D printer, printing speed, extrusion temperature, raster layer and layer thickness.
- (f) Line 183 - 191, authors make a good discussion on how the selected materials improve the clinical success, however it can be improved/strengthen if authors discuss also from the perspective of "osseointegration" since titanium was used as main material.

Additional notes have been added in the discussion section, thank you: All prostheses are made of Ti-6Al-4V alloy. Because of its superior biological properties (bone ingrowth characteristics), obvious bone ingrowth can be found in the postoperative imaging follow-up process, both in the cases where the subtalar joint and the subtalar joint were previously fixed and in this case, only the subtalar joint was fixed, Even though the operation sacrificed the range of motion of the subtalar joint and the subtalar joint, the range of motion of the ankle joint was preserved to the greatest extent, and all patients were able to return to normal life.

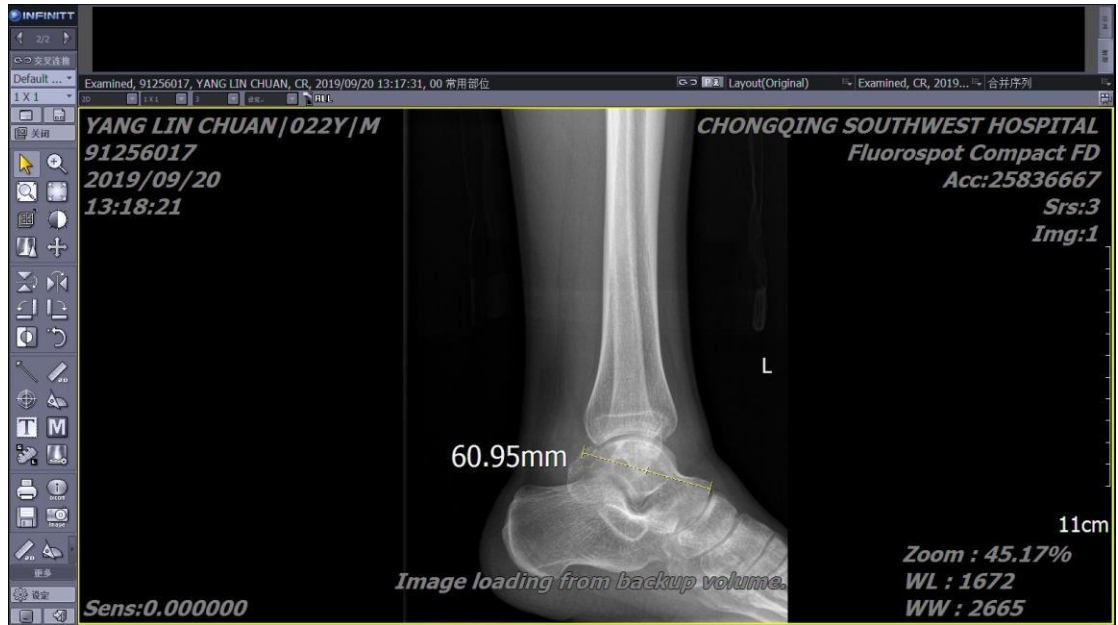
- (g) Authors used Ti-6Al-4V as lower surface materials of artificial tibia and claimed that it is able to promote bone growth and increase stability. Although Ti-6Al-4V has high reputation for biocompatibility and corrosion resistance, it can release ions such as aluminium (Al) and vanadium (V) which are toxic and can cause long term health problems such as Alzheimers disease, neuropathy, and osteomomalacia. These problems affect the long-term use of Ti-6Al-4V for implant applications. Authors should clarify why Ti-6Al-4V was used instead of commercially pure titanium although Ti-6Al-4V has long term side effects. Authors should also tell the readers the possible long term effects of Ti-6Al-4V as implant in this manuscript

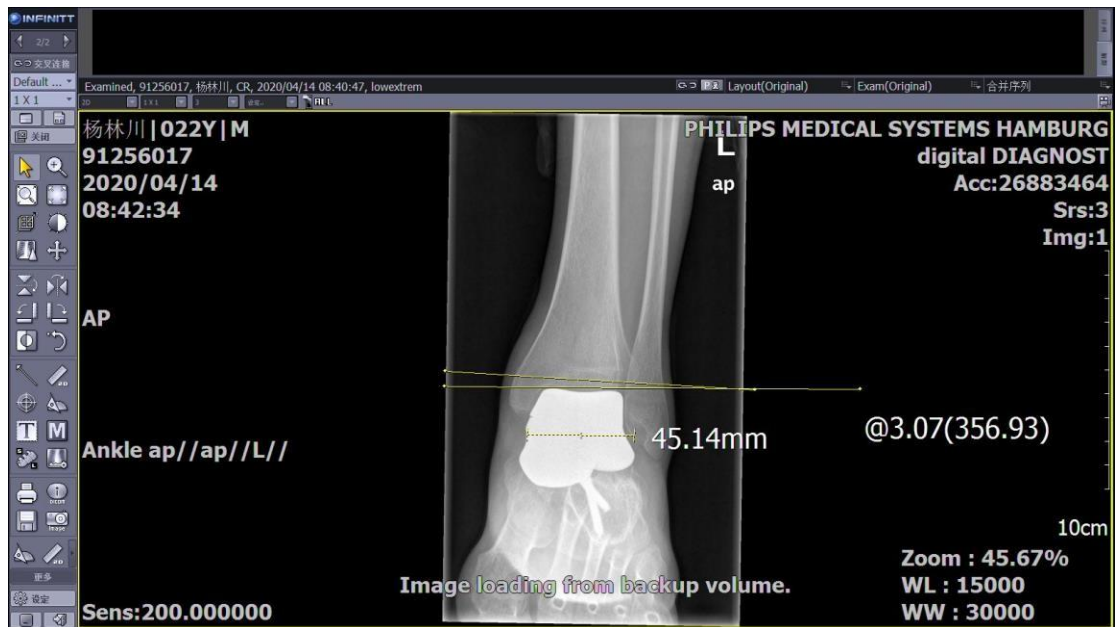
Has been added in the discussion, thank you: Although Ti-6Al-4V has been confirmed to release toxic ions such as aluminum and vanadium, it may lead to long-term health problems, such as Alzheimer's disease, neuropathy and osteoporosis. However, considering the biocompatibility of the implant (excellent bone growth performance of Ti-6Al-4V), we still choose this alloy to replace pure titanium alloy.

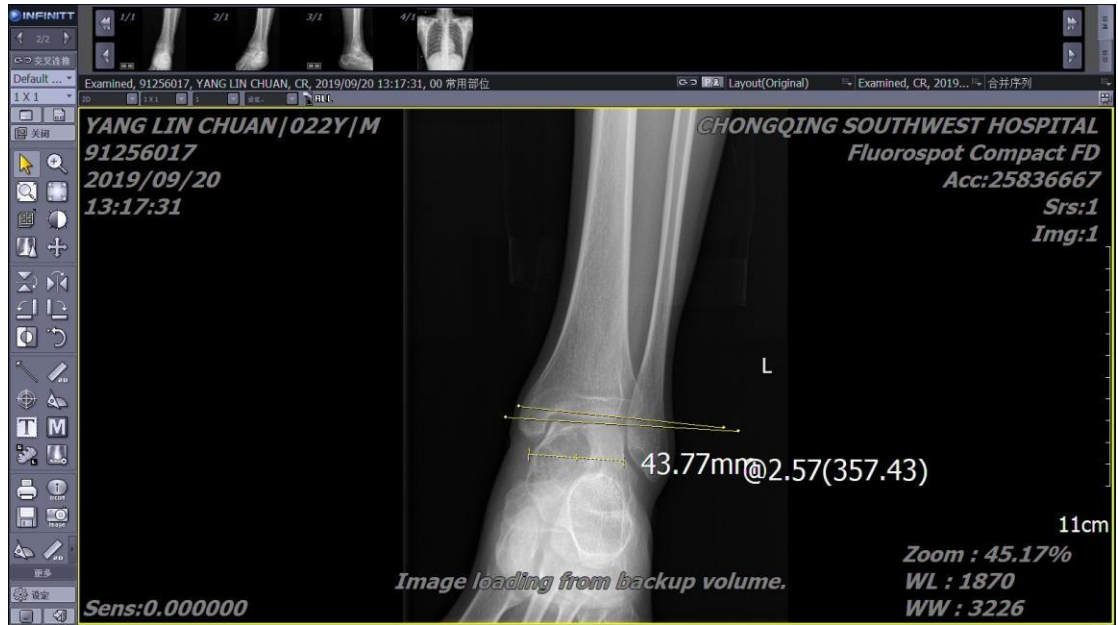
To science editor:

original pictures:











Other proposed issues have been resolved and are highlighted in the article