

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: This study compares the postoperative safety and efficacy of different surgical intervention in treating vertebral compression fractures, including vertebroplasty, balloon kyphoplasty, and kyphoplasty with SpineJack or an intravertebral expandable pillar. The authors found that Kyphoplasty with SpineJack has good outcomes in kyphotic angle reduction and body height restoration, while vertebroplasty has the highest cement leakage rate and adjacent compression fracture occurrence. This study is meaningful for providing a reference to surgeons when choosing a safe and effective procedure for treating VCFs. However, there are some concerns that need to be addressed.

Response: Thanks for your professional comments.

1. The inclusion and exclusion criterion should be introduced in more detail way. For the 354 patients included in the study, do they have some serious diseases that will affect the outcomes of different surgical treatments for vertebral compression fractures?

Response: Thank you for your comments. We have revised the manuscript for the inclusion and exclusion criteria and have described these in detail.

2. As the number and sex of patients are different for different treatment group, how to distinguish the effect of number and sex on the outcomes of different surgical treatments?

Response: Thank you for your suggestions. We have revised our manuscript based on your comment. Although we have discussed about the effect of sex in our manuscript, our sample size was insufficient for providing a conclusive answer to different postoperative outcomes despite a relatively large patient sample size (354 patients) for a single-doctor series observational study. However, in our study, we still tried to diminish the effect of number by using Fisher exact probability test. We hope to collect data from a larger sample size and discuss more about the outcomes of surgical treatments in our future study.