

## Answer to Reviewer

We have tried to answer all questions and concerns one by one. You can see all the fixes and answers below. We have added the corrections to the article in **yellow**.

Thank you for giving us the opportunity to revise.

## Answer to Reviewer #1

1. The introduction is well written and clear. The methods section, I have some concerns, because authors should in the beginning of the paragraph clearly state that this was a retrospective study. The Bioethical Committee approval is for a retrospective study and was obtained in 2021.

**Answer:** Corrected. It was overlooked during the translation. We are sorry for our mistake. Thanks for correcting us. Added information about MRI. Ethics committee approval added.

“This study was approved by the institutional review board of our hospital, and all patients gave informed consent (Ref: 2021/11-174). Patients were retrospectively followed up for a minimum of 2 years and data were evaluated retrospectively”

“MRI was performed on a 1.5 Tesla system (Avanto; Siemens Medical Solution, Erlangen, Germany) using ankle coil. The following sequences with axial, coronal and sagittal plains were used: T1-weighted turbo spin echo (T1W TSE) (TR/TE=777/12 ms, matrix=320x224, field of view[ FOV]= 16 cm, excitations=1, slice thickness=3mm, spacing=0.6mm), fat saturated proton density weighted turbo spin echo (PDW TSE FS) (TR/TE=3330/47 ms, matrix=320x224, FOV= 16 cm, excitations=1, slice thickness=4 mm, spacing=1.2 mm), and fat saturated T2-weighted turbo spin echo (T2 TSE FS) (TR/TE=5200/75 ms, matrix=208x256, FOV= 16 cm, excitations=1, slice thickness=4 mm, spacing=1.2 mm).”

2. Some minor concerns: 1. “cylindrical cast was applied at 15 degrees knee flexion” Why not orthosis? 2. „Preoperative total KOOS score was  $29.4 \pm 5.5$  (range, 21.4-40.5). KOOS total score was found to be increased to  $81.5 \pm 5.9$  (range, 74.2-92.7). All parameters of the KOOS score improved significantly ( $P < .001$ ). The mean MOCART score was found  $56.2 \pm 10.7$  at last follow-up. Patients with less than 4 cm<sup>2</sup> lesion had statistically significantly better overall KOOS ( $p < 0.01$ ) than patients whose more than 4 cm<sup>2</sup> lesion.” – please, delete these results from the discussion section or you can describe this without numbers.

**Answer:** Corrected. We are sorry for our mistake. Thanks for correcting us.

3. Discussion:

1. Regarding the paragraph about the tendons unique abilities and features, here you can use a paper (PMID: 29131279) which described the tendon special functions (“Furthermore, serves as a network for transmission of information; integrins and cytoskeleton transduce mechanical stimuli created by loads and manipulate the tenocytes activity”).

**Answer:** The addition has been made.

2. “Cartilage evaluation was evaluated with normal MRI.” – what does it mean?  
1.5 T?

**Answer:** The addition has been made.

4. Conclusion: All this paragraph must be extensively edited, including poor English and major grammar error!

**Answer:** Corrected. We are sorry for our mistake. Thanks for correcting us.

5. References: out of dated, please, put some recent, fresh papers

**Answer:** The addition has been made.

Reference 2. **Andriolo L, Candrian C, Papio T, Cavicchioli A, Perdisa F, Filardo G. Osteochondritis Dissecans of the Knee - Conservative Treatment Strategies: A Systematic Review. *Cartilage*. 2019;10(3):267-277. doi:10.1177/1947603518758435**

Reference 4. Andriolo L, Crawford DC, Reale D, et al. Osteochondritis Dissecans of the Knee: Etiology and Pathogenetic Mechanisms. A Systematic Review. *Cartilage*. 2020;11(3):273-290. doi:10.1177/1947603518786557

Reference 6. Demirel M, Polat G, Ersen A, Asik M, Kilicoglu OI. Internal fixation for osteochondritis dissecans lesions of the knee in patients with physeal closure. *Acta Orthop Traumatol Turc*. 2021;55(3):201-207. doi:10.5152/j.aott.2021.19307

Reference 15. Zabrzynski J, Gagat M, Paczesny L, Lapaj L, Grzanka D. Electron microscope study of the advanced tendinopathy process of the long head of the biceps brachii tendon treated arthroscopically. *Folia Morphol*. 2018;77(2):371-377. doi:10.5603/FM.a2017.0105

Reference 18. Schrock JB, Kraeutler MJ, Houck DA, McQueen MB, McCarty EC. A cost-effectiveness analysis of surgical treatment modalities for chondral lesions of the knee: Microfracture, osteochondral autograft transplantation, and autologous chondrocyte implantation. *Orthop J Sport Med*. 2017;5(5). doi:10.1177/2325967117704634

Reference 19. Gowd AK, Cvetanovich GL, Liu JN, et al. Management of Chondral Lesions of the Knee: Analysis of Trends and Short-Term Complications Using the National Surgical Quality Improvement Program Database. *Arthrosc - J Arthrosc Relat Surg*. 2019;35(1):138-146. doi:10.1016/j.arthro.2018.07.049

Reference 24. Filardo G, Andriolo L, Soler F, et al. Treatment of unstable knee osteochondritis dissecans in the young adult: results and limitations of surgical strategies—The advantages of allografts to address an osteochondral challenge. *Knee Surgery, Sport Traumatol Arthrosc*. 2019;27(6):1726-1738. doi:10.1007/s00167-018-5316-5

6. Figure 1 D – are there 2 suture anchors in the subchondral layer?

**Answer:** Yes there is. This situation is stated in the surgical technique in the article. We did not use it in every patient. An anchor was used because the patient's lesion in the sample was slightly larger.

## Answer to Reviewer #2

1. It would be helpful if there were comments about donor site morbidity in the study.

**Answer:** The addition has been made.

2. Details regarding site of the lesion

**Answer:** Answer: Information about lesion localizations is given in Table 1. Since it is in a table, we did not need to write it as text.

3. Add a note on confounding factors like occupation of the patient.

**Answer:** In our scans, we have seen in the publications about knee osteochondral defect in recent years that patients are separated from their professions as athletes or non-athletes. Since this technique is new and not available in the literature, we have not applied it to any professional athlete. All the patients we applied were non-athletes. Therefore, we did not see the need to specify the professions of the patients. If it is important for your journal, we are ready to add it.

4. I would suggest an addition of functional assessment of knee.

**Answer:** It is a very simple form of evaluation to indicate the range of motion of the knee joint in isolation. The expectation of the patients is, of course, the improvement of the mobility of their knees. However, its measurement criteria are clear in an international publication. For this, we used KOOS (Knee Injury and Osteoarthritis Outcome Score), which is an accepted clinical evaluation criterion in the literature. KOOS is a specific questionnaire form about the knee containing 42 questions in 5 individual subheadings. These 5 subgroups are: pain, symptoms, activities of daily living, sports and quality of life. KOOS is a recommended scoring system in cartilage repair patients and is a reliable test being used in

patients after their surgical treatments of focal cartilage lesions in recent years. If it is important for your journal, we are ready to add it.