

Subject: World Journal of Orthopedics Manuscript NO: 39639 – Manuscript revision

Thank you very much for considering our manuscript for publication. Please find below our answers to the reviewers' comments and to the steps outlined in this email. All our answers are in yellow and the revised manuscript has been submitted with track changes to make any changes obvious.

Reviewer comments:

Reviewer 1

a well written paper about Risk factors for loss of reduction with volar locking distal radius plates. It presents a multicenter study with good number of patients. As the authors explained at the end , the minor loss of reduction does not necessarily correlate with functional outcome On the other hand, can the authors give us an exact size of the zone in which they recommend screw placement? the word subcondral can be vague in such situation

We thank reviewer 1 for the kind comments. We changed the manuscript to describe the optimal area of screw placement (page 7, under the heading "data collection": The subchondral line was defined as the dense area which denotes the articular surface. The optimal most distal screw placement was defined as the area just proximal to the subchondral line without breaching it)

Reviewer 2

This study measured the distance of the distal locking screws to the joint line immediately postoperatively and then measured radial shortening after six to eight weeks using the change in ulnar variance in 250 cases. Multivariate linear regression analysis showed that there was a significant linear association between the distance of the screws from the joint line and radial

shortening. Authors concluded that distal locking screws should be placed as close as possible to the subchondral joint line to prevent postoperative loss of reduction. Generally this is an interesting study. It is very clinically significant. The data supported the conclusion. My only concern is, did the authors evaluate how the fracture type, such as 23-C2 articular simple, metaphyseal multifragmentary and /or 23-C3 articular multifragmentary, affects the loss of reduction with volar locking distal radius plates?

We thank reviewer 2 for the kind comments. The statistical analysis showed that loss of reduction is independent of the severity of the fracture, see Table 1 and results section

Dear Dr. Davies,

First of all, thank you for submitting your manuscript to the World Journal of Orthopedics. Secondly, please be sure to follow all the steps below to modify the proposed manuscript.

**Step 1: Verify the accuracy of general information for your manuscript**

**Name of journal:** World Journal of Orthopedics

**Manuscript NO.:** 39639

**Column:** Retrospective Study

**Title:** Screw placement is everything: Risk factors for loss of reduction with volar locking distal radius plates

**Authors:** Herwig Drobetz, Alyce Black, Jonathan Davies, Petra Buttner and Clare Heal

We changed the author order – please see manuscript. CH is now the last author.

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**Reviewer code:** 02444715, and 03518978

**First decision:** 2018-05-18

**Science editor:** Jin-Lei Wang

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The review of your manuscript, which you submitted to the World Journal of Orthopedics, is now completed and the first decision for publication is available. We request that you submit your revision in no more than 7 days. If you do not request an extension of this deadline or we do not hear from you about this article within 4 weeks following this first decision, we will assume that you have WITHDRAWN the manuscript from consideration for publication in the World Journal of Orthopedics. If you wish to submit the manuscript to another journal within the 4-week time frame, you must first officially withdraw your manuscript from consideration by the World Journal of Orthopedics.

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- (10) 39639-Non-Native Speakers of English Editing Certificate: n/a, all authors are native english speakers
- (11) 39639-Video: n/a
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**Thank you very much for considering our manuscript for publication**

**Herwig Drobetz, 25 June 2018**