

Peer Review File

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Comment 1: LITERATURE REVIEW divided in two parts: 1) Repair of LMPRT; 2) Centralization of lateral meniscus extrusion. They must state that it is a "narrative" review of the literature and the way they have selected papers (inclusion and exclusion criteria), as well as the search engines they have used (PubMed alone?).

Reply 1: Thank you so much for your comments. The revised manuscript was divided into two parts, LMPRT repair and Arthroscopic centralization for lateral meniscus extrusion. We rewrote this paper as a narrative review paper, changed the title and showed the way to select paper.

Changes in the text (Line 1-2): A Narrative Review of Lateral Meniscus Root Tears and Extrusion: Techniques and Outcomes

Changes in the text (Line 100-103): A literature review of LMPRT repair
A narrative review of the literature for LMPRT repair was performed using PubMed. The main criteria for selection were articles focused on the biomechanical role of LMPRT, MRI examination of LMPRT, and the clinical outcomes of LMPRT repair.

Changes in the text (Line 212-217): A literature review of arthroscopic centralization
No surgical technique for lateral meniscus extrusion was seen after meniscectomy or in the discoid lateral meniscus. We developed an arthroscopic centralization technique to reduce meniscal extrusion. Herein, we describe the indications, surgical techniques, rehabilitation protocols, clinical outcomes, and biomechanical effects of this technique based on published articles searched by PubMed.

Comment 2: They must include the following two new references:

- 1) Rodriguez-Merchan EC. Knee instruments and rating scales designed to measure outcomes. *J Orthop Traumatol.* 2012 Mar;13(1):1-6. doi: 10.1007/s10195-011-0177-4. Epub 2012 Jan 25. PMID: 22274914.
- 2) Vaquero-Picado A, Rodriguez-Merchan EC. Arthroscopic repair of the meniscus: Surgical management and clinical outcomes. *EFORT Open Rev.* 2018 Nov 8;3(11):584-594. doi: 10.1302/2058-5241.3.170059. eCollection 2018 Nov. PMID: 30595844.

Obviously in this part the authors must state what surgical techniques the literature recommends and the results.

Reply 2: Thank you so much for suggesting two important papers which made this paper better. These two articles were cited.

Changes in the text (Line 113-115): Therefore, the importance of LMPRT repair at the time of ACL surgery has been widely recognized. In recent years efforts have been made to develop successful repair techniques (31).

31. Vaquero-Picado A, Rodríguez-Merchán EC. Arthroscopic repair of the meniscus: Surgical management and clinical outcomes. EFORT open reviews 2018;3:584-94.

Changed in the text (Line 201-203): The Knee Injury and Osteoarthritis Outcome Score (KOOS) and IKDC subjective score were used which were validated to evaluate ACL injury patients (44).

44. Rodriguez-Merchan EC. Knee instruments and rating scales designed to measure outcomes. J Orthop Traumatol 2012;13:1-6.

The following sentences were added to describe surgical techniques of LMPRT which are recommended.

Changes in the text (Line 139-142): There were primarily two surgical techniques utilized in LMPR repairs. Side-to-side suture repair was performed in radial tears if there was a root remnant with adequate tissue quality. A pull-out repair was conducted in root avulsions and radial tears with an inadequate meniscal remnant.

Literature review of clinical outcomes of LMPRT repair were described in line 142 to 162.

Comment 3: SURGICAL TECHNIQUES DEVELOPED BY THE AUTHORS: They must describe their techniques in detail and present their results. Also, the potential advantages their own techniques have in comparison with the techniques reported in the literature.

Reply 3: We described our pull-out repair technique of LMPRT repair in line 165 to 191 with table 1 (tips and pitfalls were shown) and Figure 2 (included arthroscopic pictures).

Changes in the text: The clinical outcomes of LMPRT in our institute was shown in line 200 to 208. We described arthroscopic centralization technique in 253 to 284 with table 2 (tips and pitfalls were shown) and Figure 3 (included arthroscopic pictures), 4 (included schemas). The clinical outcomes of it were described in line 293 to 315.