

Peer Review File

Article information: <https://dx.doi.org/10.21037/aoj-20-108>

Comment 1. TITLE Page 1, Line 1: Please add the word (allograft).

Rely 1: Done.

Comment 2. ABSTRACT Page 1, Line 6: Is this article review paper, the original article, or surgical procedure? Please clarify.

Rely 2: It's a surgical procedure.

Comment 3: Page 1, Line 9: surgery .

Reply 3: Done.

Comment 4: Page 1, Line 15: [on a hemi or complete tibial plateau] What is this sentence?

Reply 4: It means that the meniscal allograft before being used for the surgical procedure is presented with a variable portion of tibial plateau, I clarified it in the main manuscript.

Comment 5. INTRODUCTION Page 2, Line 11: [biomechanical level] Please change the word.

Rely 5: Done.

Comment 6: Page 2, Line 25-31: I don't think that joint space narrowing, presence of osteophyte, RA, Gout, and infection are absolute or relative contraindications. Please consider.

Reply 6: I modified the paragraph, reporting contraindications mentioned in the article written by Myers P et al. (Reference 9).

Comment 7: Page 3, Line 14: [Figure 2]: Please change the figure from medial meniscus to lateral meniscus. Also, the authors performed using a single tunnel.

Reply 7: Done.

Comment 8. SURGICAL TECHNIQUE Page 3, Line 23: How to confirm the appropriate size of the meniscal allograft preoperatively. Please describe.

Reply 8: The proper size is confirmed through Imaging measurement and anthropometrics parameters.

Comment 9: Page 4, Line 1-2: How to create a tibial tunnel? Did you use the outside-in guide?

Reply 9: Use the outside-in guide.

Comment 10: Page 4, Line 4: [ACL] Do not use the abbreviation at the first time.

Reply 10: Done .

Comment 11: Page 4. Line 5: is created?

Reply 11: Done.

Comment 12: Page 4, Line 5-9: How to fix a pull-out suture?

Reply 12: A knot pusher was used to pass a "shuttle suture" (Vicryl No. 1, Ethicon) through the posterior tibial tunnel. The "shuttle suture" was tied to a nonabsorbable suture placed into the posterior horn and passed through the posterior tunnel, acting as a transport suture from inside to outside.

Comment 13: Page 4, Line 13: I think that 5 stitches are not enough for getting stability of the meniscus allograft. In addition, please add the arthroscopic pictures after lateral meniscus resection, and lateral allograft transplantation.

Reply 13: In our experience, you gain enough stability with 5 stitches of the meniscus allograft. Unfortunately, None of the picture you suggest to add are available in our database.

Comment 14: OUTCOMES Page 4, Line 23: Please add the patient information and objective and subjective clinical scores in your clinical study.

Reply 14: Since this article is a Brief Report focused on the surgical technique, Authors considered patient information and clinical outcomes not relevant.

Comment 15: Page 4, Line 28: [FU] Do not use the abbreviation at the first time.

Reply 15: Done.

Comment 16: COMPLICATION Page 5, Line 19: [HIV] Do not use the abbreviation at the first time.

Reply 16: Done.

Comment 17: OUR EXPERIENCE Page 5, Line 27: What is post-meniscectomy syndrome? Please correct.

Reply 17: Done.

Comment 18: Page 6, Line 6: [PCL] Do not use the abbreviation at the first time.

Reply 18: Done.

Comment 19: Page 6, Line 9: Please describe the differences between the medial and lateral meniscus transplantations.

Reply 19: For medial meniscal transplantation, the posterior tibial tunnel was placed behind the medial tibial spine and in front of the PCL tibial insertion site.