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Peer Review File

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Reviewer A

This article clearly demonstrates that a staged approach to mid foot Charcot Neuroarthropathy involving infection management, extended column fusion and hind foot fusion can provide a predictable result for this very difficult clinical problem. The authors stress preoperative optimization of patients, major fusions of mid foot and hind foot and infection control as hallmarks of a successful surgical intervention. The sample size is appropriate.

Reply 1: Thank you for this feedback!

Reviewer B

1. please comment on the duration of nonweight bearing, and the overall structuring of this is this 1 month of complete and total nonweight bearing with a wheelchair or knee walker, followed by 2-3 months of total contact casting? please report the median and mean total nonweight bearing and total contact casting time for your cohort.

   Reply 1: Thank you for your advice. We have included the post-operative weight bearing duration in the 'post-operative care' section

2. Please comment on weight limitations and BMI.

   Reply 2: Thank you for your advice. We have included mean BMI in the results section

3. In results please comment on; if all these patients had Charcot deformities due to diabetes mellitus; or if some of these were due to other neuropathies?

   Reply 3: Thank you for your advice. We have included the information on diabetes mellitus in the results section

4. Please provide one paragraph in the discussion in regards to the use of external fixation for this disease process and why you choose internal fixation instead of external fixation, with appropriate ostectomies.

   Reply 4: Thank you for this advice. We have added a paragraph 'Stabilisation following deformity correction' and explained why we chose the internal

fixation option.

5. Overall this is a well described and well performed series, I commend the paper and its authors.-
Thank you

Reviewer C

1 Combined hindfoot/Midfoot Charcot is a complex situation and often the results are less than satisfactory.
From the draft, the senior author appears to have vast experience in the management of these complex deformities. The paper is well written except for few grammatical mistakes.

Reply 1: Thank you for pointing the grammar mistakes. We have revied the paper and corrected a few such mistakes that have been identified.

2. However, the results section needs expanding further to discuss the complexities of managing these combined deformities, problem with metalwork failure which is significant at this junction, and high risk of non-union.

Reply 2: Thank you for your advice. We have added a discussion section (previously not done due to the concerns on word-count) in the manuscript and discussed these issues

3. What's the outcome if there is non-union of the junction?

Reply 3: Thank you for this question. The non-union outcomes have been added in the results section and explained in the discussion section

4. How are the deformities managed when there is metalwork failure?

Reply 4: Thank you for this question. The clinical outcomes have been added in the results section and explained in the discussion section.

5. Does the junction need fixing, what is the outcome if the junction is not fixed? The discussion part needs further expansion to discuss the problems when managing these combined deformities and the outcomes when the junction is fixed compared to when treated without the metalwork spanning this junction.

Reply 5: Thank you for your comment. Part of this has been covered in the discussion section. The authors appreciate that many questions on Charcot foot reconstructions remain unanswered. There is limited evidence on combined hindfoot and midfoot Charcot reconstruction using internal fixation as there is no published evidence available so far. This has been acknowledged in the discussion part.

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Other changes:
Introduction- Expanded on the midfoot deformities patterns and defined the members of a multidisciplinary team.

Preoperative preparation- The explanation on the principles of staged reconstruction has been moved from the surgical technique section as it was felt that this section is more suitable.

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