

Article information: <http://dx.doi.org/10.21037/jss-20-675>.

Review Comments

- 1. Abstract: The results section is difficult to interpret with the number of acronyms being used along with the separate reporting of different regions which weren't defined in the abstract. My preference would be to just read which tests showed differences and allow the reader to view the exact numbers in the table.**
 - a. We appreciate the helpful comments with regard to the abstract, and agree that the results section is densely packed with abbreviations. Unfortunately, since the "Tables" are not part of the abstract, we cannot refer the reader to any table. Furthermore, the abstract is usually available alone without tables, which is why we included so many numbers. We have revised the abstract to include only the tests that showed differences, so the reader can look at exact numbers later in the manuscript. That said, we had to include raw numbers here, since there are no tables that we can refer to.
 - b. Lines 18-24: abstract results modified to read easier.

- 2. Introduction: Define a specific study question and hypothesis.**
 - a. We have better phrased our study question and also added our hypothesis. Thank you for raising this important, methodological point.
 - b. Lines 72-77.

- 3. Methods: line 191-121 were measurements within the patient plane about to be done within the EOS software or was custom code required (i.e. how easy would this be for other groups to do)?**
 - a. The Reviewer asks an important question, if these measurements can be obtained easily by surgeons. The answer is YES. The only measuring needed by spine surgeons is to identify relevant landmarks (both femoral heads and T1/L5 superior/inferior endplates), and from these, all measurements can be obtained. EOS software is needed, but again, only simple landmarks need to be recorded.
 - b. Line 101-103 – we have clarified this point.

- 4. Lines 127-132: Could the authors sections these variables out a little bit so the reader was easily tell pelvic orientation measures vs sagittal vs coronal vs transverse.**
 - a. We have better organized this section.
 - b. Lines 120-123.

- 5. Lines 134-136: I appreciate the authors included this verbiage but I think**

it is more appropriate for the discussion than methods.

- a. We have shortened this section to be more appropriate for the methods and cited the relevant studies supporting the reliability and reproducibility. We have moved the detailed verbiage to the discussion limitations section.
 - b. Lines 127-138; 246-254
- 6. Results Lines 161-162: Assuming these are group averages. Provide the standard deviation for these numbers.**
- a. Yes, and the SD has been added to the results section.
 - b. Lines 157-158.
- 7. Discussion - This methodology is focused on xrays obtained via EOS which makes sense given it's increasing use. I'm curious if the authors have any thoughts on if the knowledge gained from this paper could translate to conventional x-rays (perhaps improved patient positioning) for centers that don't have this technology available.**
- a. The Reviewer makes an excellent point, and we do believe these results can impact centers without EOS. We recommend that patients are completely orthogonal in the x-ray machine, and technicians make every effort for them to be standing in the exact same orientation. Education toward technicians and patients to obtain the correct measurement is crucial.
 - b. Lines 236-240