

## Peer Review File

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### Reviewer A:

Thank you for the opportunity to review this interesting topic. The cervical kyphosis correction has been gaining popularity in cervical spine surgery. The association between pre-operative and post-operative radiographic evaluation in different disease entities is important for surgeons to manage patients properly. I have read this article and given some comments below.

**Comment 1:** The ACDF was an efficient technique to improve kyphotic deformity. The details of the surgical technique such as the position of the distraction pin and the usage of total uncinectomy or not influence the degree of correction. So, the details of surgical technique should be mentioned. In addition, postoperative immobilization, and bracing should also be mentioned.

**Reply 1:** Thank you for your comment. The authors wrote the details of surgical technique & postoperative immobilization as the reviewer advised. We also added Fig. 1 and Fig. 2 to demonstrate surgical correction with new 2 illustrations. We replaced previous Fig. 1 and Fig. 2 and changed them to be Fig. 3 and Fig. 4.

Changes in the text: Please see Page 6-7, Line 113-126.

Please see Figure Legends 1-4 Page 15, Line 306-314.

**Comment 2:** In the method section, authors should clearly state patient inclusion and exclusion criteria.

**Reply 2:** We added the inclusion criteria and exclusion criteria as the reviewer commented.

Changes in the text: Please see Page 6, Line 102-106.

### Reviewer B

The authors performed a retrospective comparison of cervical sagittal alignment parameters in patients with degenerative cervical kyphosis and degenerative cervical spondylolisthesis. The authors found significant differences in all of the parameters they assess other than the T1 slope. Patients with spondylolisthesis had higher C0-2 and C1-2 angles and lower subaxial cervical spine/neck tilt/thoracic inlet parameters in comparison to the patients with cervical kyphosis. This demonstrates the craniovertebral compensation that patients with spondylolisthesis live with in order to overcome their deformities. The authors report that all patients had significant improvement in their symptoms postoperatively. Additionally, the postoperative parameters were within the normal limits. These differences in parameters have not been reported before and the authors should be commended. Some edits below:

**Comment 3:** The authors report in their abstract that minimum follow up was 2 years however they report in their table that follow up was 13 and 12 months, and in the methods, they said 18 months postoperatively. Please rectify this and be consistent.

**Reply 3:** Thank you for your comment. We modified and edited our text as the reviewer advised.

Changes in the text: Please see Page 6 Line 112, Page 7 Line 129

Change in the Table 1: Please see in Red Texts in Table 1.