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Journal Name:	International Journal of Medical and Pharmaceutical Case Reports
Manuscript Number:	**Ms_IJMPCR_36791**
Title of the Manuscript:	**Atypical Femoral Fractures Following Use of Reclast™ After Prior Treatment with Alendronate: A Clinical Practice Series and Opinion**
Type of the Article	**Clinical Practice Article**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: **Review Comments**

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Compulsory REVISION comments	– **Maybe the title is confusing. When you read the title of the paper you think in a case series with people who has been taken only Alendronate and after Zoledronic infusion has had a fracture. When you read the paper there is a mix of treatments and Zoledronic infusion is one of the treatments (one of the patient has taken Prolia after Zoledronic infusion). My recommendation is to revise the title.** – **In Introduction you talk about the experiences in your group. Maybe you have to include these experiences in discussion where you talk about this and give another point of view to the introduction.** – **Talk about Zoledronic as a responsible of all the cases after administration of the drug is adventured. As you say in discussion the effect of BPs maintains more that 10 years in bone. Maybe it would be more adecuate talk about the summatory effects of BPs and include the paragraph you talk about the potency and the effects of different BPs in the introduction.** – **In the title, please use the generic name of the drug. In some countries Zoledronic is commercialized as a gneric drug or has a different name. This is extensible to all the text.**	Point 1: We agree with the reviewer that a title revision is desirable, and appreciate the recommendation. The title cannot explain the whole paper. In each case except case 7, the patient had first taken a long course of alendronate without incidence and had subsequently taken zoledronic acid and subsequent to that had a fracture. Each case has unique additional characteristics. We clearly stated that the contributions of each drug to the problem cannot be assigned. There is wide variation in the circumstances. These are case reports and stand on their own. No matter what the individual variations are, the title encompasses the commonality among them, with the exception of case 7. The reason for the addition of case 7 is clearly explained. The title is consistent with the content of the paper. See below for the modification made. Point 2: The source of the cases has to be explained as the circumstances are unusual. Beyond that obligation, we feel that the details of how the group functions belong elsewhere. We have already explained the way the early group functioned in our 2012 publication. The evolution of the project is beyond the scope of this paper. Point 3: The reviewer is directed to the very first paragraph of the Discussion. We make no effort to apportion the contributions of the agents to the fractures. What we are illustrating is the impact of a sequence of events. We want to draw attention to the information that is available about the kinetics of intravenous bisphosphonate use, as well as the frequently documented nuances associated with oral BP use. These case descriptions are offered as clinical examples that can demonstrate what can happen under a specific set of circumstances, not what must happen. As for any discussion of the "summation" of the various stages of the mechanism of action of the bisphosphonates, our very thesis is that this cannot be done, because only the individual stages of the serial events of the mechanism of action can be examined in the laboratory. Variation in how these come together in a given individual is the exact point we wish to make. This material is very important to this paper, but is not integral to the case reports and belongs in the discussion. Point 4: This recommendation is most appreciated. The authors have not properly addressed the international aspect of the readership. The title

		modification mentioned above will correct this. The same correction will be applied in the body of the paper. The fact remains that these patients were indeed treated specifically with proprietary Reclast, not with generic equivalents, if such are available. For this reason, we have elected to simply define in parentheses the generic name of Reclast where ever that term appears except in direct quotations. We have also added the generic names of other proprietary drugs mentioned in the text.
Minor REVISION comments	It could be fantastic if you could add some images of the fractures.	This is possible. Four images have been added. These were selected based on the image quality that was good enough to make clear jpegs for the publication.
Optional/General comments	The paper is very interesting and the authors have experience in the management of these patients. I think that the paper should be accepted, but structural changes have to been made to make the text more comprehensible to readers not experts in the field. In my opinion these changes in structure will improve the quality of the paper significantly.	We thank the reviewer for the kind considerations and have made the changes requested to clarify the text for a wide audience.We used the opportunity also to correct several small typographic errors in the text. All changes and additions, including the typographic corrections are highlighted in yellow.