This “Therapeutic Brief” discussed the difference in the effectiveness of subthalamic nucleus and globus pallidus deep brain stimulation in Parkinson's disease. Overall, it’s a nice study that fits the topic of “Aging Pathobiology and Therapeutics.” However, as listed below, several concerns hinder the full acceptance of this paper.

First of all, I want to thank the respected editor and referees for their delicate and great comments on my manuscript entitled as: difference in the effectiveness of subthalamic nucleus and globus pallidus deep brain stimulation in Parkinson's disease.

I really appreciate your time and consideration. The following is our point by point responses to the comments. I have underlined all changes in the new format of the manuscript.

1. Please spell out the acronym when it first appears in the manuscript. After defining an abbreviation, please only use the abbreviation in the following discussion. I changed the manuscript regarding the acronyms.

2. Please introduce more about DBS. For example, what kind of device was utilized in the DBS therapy? How do these devices induce DBS? One paragraph added.

3. It is well recognized that the stimulation parameters and targeting area are pertinent for optimizing DBS clinical outcomes. I understand this manuscript mainly focuses on discussing the effectiveness of the subthalamic nucleus and globus pallidus deep brain, but other stimulation parameters should be mentioned when discussing the effectiveness of DBS and comparing finding from groups. Therefore, please provide more information about the other stimulation parameters. This manuscript was a review at first, but the editors advised me to change it to a therapeutic brief and in the original article I only assessed UPDRS as the outcome, besides the fact that the included articles do not include other stimulation parameters.

4. Some methodological details are missing. For example, please provide more information about search strategy and study inclusion. I added the missing information.

5. The author mentioned the adverse effects of DBS therapy. However, there are few discussions about the adverse effects in the main texts. Please provide this information. Information provided

Reviewer 2:

1. There's too little literature; several paragraphs are added.

2. The logic was not clear. The improvement was not analyzed by symptoms, and the power consumption and drug reduction of the two groups were not analyzed; Since in the included studies the result was not mentioned according to symptoms but according to UPDRS, I focused on this score and it is a great offer for other future reviews to state improvement by sorting symptoms, although there are several discussions about symptoms as well. According to the included studies, it was not really possible.

3. All the finding was widely recognized, and no new viewpoints were put forward. This manuscript was a review at first, but the editors advised me to change it to a therapeutic brief and I assessed UPDRS as the outcome, and I reported that STN was better in terms of improving action tremor, and GPi was related to less adverse events which might be an acceptable result for a review.

Again I want to thank you all, for your fruitful comments and I hope that my answers are good enough to make the manuscript be considered for publication in the Aging Pathobiology and Therapeutics Journal.

With Regards,

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