Dear Authors,

thank you for submitting this clinical paper. There certainly is a lack of studies for the prevention and treatment of dental erosions which present a great challenge in dentistry- Toothpaste is an efficient preventive tool as it is used daily. The presented study is interesting but needs some revision to enable replicability and clinical applicability if possible.

1. Title: the title is clear and sufficiently summarizes the research topic.
2. Abstract: ts is short and clear.
3. Introduction:

    a. I would change term "acid atack" to acid reflux as it is more commonly used in literature.

    b. » Toothpastes have a complex formulation, and their action in the dental field is not yet fully understood.« Fluoride in toothpaste is very well researched. There is a wide range of literature in this field. There is sufficient direct and indirect evidence for its biochemical effects on teeth. I miss a short summary of how fluoride affects remineralization and further remineralization as fluorohydroxyapatite crystals are formed which have a lower pH demineralization threshold. There is also calcium fluoride forming and adhering to the surface which can also have some impact on demineralization or surface roughness after toothpaste application. In toothpaste, fluoride can be available in different salt forms or crystal forms. Different fluoride concentrations also differently affect remineralization. Some background is missing as it should be the basis for choosing the right concentration for this research as only one fluoridated toothpaste was used.

4. Materials and methods:

    a. »Amelo-cement junction« - cementoenamel junction is a more appropriate term.

    b. Clearer specifications of toothpaste used are needed. Had both kinds of toothpaste the same compound except fluoride content? If we want to compare roughness after remineralization, the abrasiveness of toothpaste should be minimal and the same for both groups.

    c. Which concentration and form of fluoride ion were used?

    d. Which brush head was used?

    e. Remineralization process is usually slow and a sufficient concentration of fluoride in saline is necessary, therefore mouth rinsing after tooth brushing is not recommended. How was that simulated?

    f. Table 2 – presents profilometer results. The table should be presented in the Results and not the Method section. What is 1x, 2x, 3x? It is not clear from the text or table title. Is the mean value for all 9 measurements or for 3x? Mean value and SD for tooth A do not meet measurement values and should be revised? Is unit nm for a tooth A 2x and 3x correct? I think there is no need for presenting all measurements. Just

mean values and SD for each tooth should be used as there are no site-specific groups and analyses.

g. »Statistical analysis was divided into two parts: the first one to test the effect on tooth roughness of each toothpaste, through a paired-sample test, and the second one to compare the effects of the two different kinds of toothpaste.« I do not understand the difference between the mentioned two-part analyses? I think this part should be rewritten.

h. List other statistical analyses used and parameters for statistical significance that was chosen

5. Results:

a. Figure 1 – This graphical representation is odd as it represents values between tooth A and B which do not exist. Please use a more appropriate graph form.

b. Table 3 – Standard deviation is usually calculated and presented with mean values. It should be added as it was used in Table 2 as well.

c. Results should be shortened and presented more clearly. Combined tables should be used when possible. One way of the presentation should be used. Use box plot and mark statistical significance on a graph with lower case letters or *. Shortly mention the values in the text. There is no need for two paragraphs and Table 4 and 5.

d. Paragrph "Statistical analysis: non-paired" test is confusing and not clear.

i. T-test comparison C-E and D to F shouldbe sufficient. P values should be presented for both comparisons.

ii. »toothpaste B has greater variability and that....« missing data

iii.Please revrite and shorten.

6. Discussion:

a. »Previous laboratory studies have shown great fracture resistance of reduced thickness monolithic IPS e.max lithium-disilicate crowns.«

b. Consistent use of the term fluoride is necessary throughout the whole article (term fluorine can be found in discussion).

c. Limitations of the presented study should be mentioned and listed at the end.

Thank you for your article and looking forward to the revised manuscript.

Best regards.