

Peer Review File

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Reviewer A

This is an informative and constructive Editorial that deals with the question of prematurity associated lung disease not only in preterm born children with BPD, but also those without BPD. There are however some minor tasks that need to be taken care of before acceptance for publication.

Many thanks for your kind comments.

As several studies show, the level of FeNO is often not affected in PLD. As in the normal population, there is also a fraction of the preterm borns that has evidence of asthma. The decrease in FENO and effect from ICS presented in this Editorial might well be due to children with an asthma component, which has to be taken into account and disputed by the authors. What is asthma, and what is PLD? Please discuss this statement further.

Reply 1: The reviewer highlights an interesting point, which we had touched upon briefly in the text. We have now expanded this statement in the text, and we hope that it makes the need to understand the mechanisms underlying PLD, and whether there is overlap with asthma, clearer.

Changes in the text: Page 6, lines 5-8 text updated to expand on a potential asthma component in proportion of children with PLD.

Hagman et al (Pediatric Pulmonology, 2023) have recently published extensive lung function assessments of different aspects of lung function in preterm born adolescents with or without BPD and healthy controls. That study also presents reversed airway obstruction after inhalation of bronchodilator (beta2-agonist) in preterm born children both with and without BPD, which is of high clinical impact. Please include in the Editorial.

Reply 2: Thank you for your comments regarding this publication, of which we were aware. We have updated our text to include some of the key findings from this paper.

Changes in the text: Page 2, line 25 added text highlighting key findings on lung function from Hagman et al. Page 6 line 8, added text highlighting bronchodilator response findings from Hagman et al.

Reviewer B

I read with interest the editorial by Course et al on the possible therapies for former preterm infants with PLD.

The authors adequately explored and commented the actual literature on this topic, drawing adequate conclusions and suggestions. They are recognized experts in the field as shown by the number of self-citations.

Thank you for your kind comments.

Here you can find my minimal comments:

The paper is mainly focused on the therapeutic options, consequently I would suggest a more focused title.

Reply 3: Many thanks for your recommendation. We have updated our title accordingly.

Changes in the text: Title changed to 'Evolving treatment for prematurity-associated lung disease'

Reviewer C

Thank you for this well written editorial discussing prematurity-associated lung disease.

Thank you for your kind comments.

Give you discuss the limited evidence to guide the management in this population, how do you suggest we move forward in determining best practice? What future directions do you recommend? Should patients with BPD be included in this group?

Reply 4: Thank you for this comment. We have updated our concluding remarks to discuss future research directions.

Changes in the text: We have updated our text on page 7, lines 5-9