

## Peer Review File

Article Information: <https://dx.doi.org/10.21037/tp-23-530>

### **Reviewer A**

**Comment 1:** "Important message, I recommend that the English words are revised, apart from that I recommend this for publication."

**Reply 1:**

Dear Reviewer A,

We sincerely appreciate your valuable feedback. In response to your comments, we have diligently revised the English wording as per your recommendations.

### **Reviewer B:**

**Comment 1:** "This is NOT a study but a literature review on the subject matter please label as such."

**Reply 1:**

Dear Reviewer B,

We sincerely appreciate your valuable feedback. We have labeled our article as an Editorial Commentary. We apologize for the inconvenience.

**Comment 2:** "The term is very general - there are numerous brands, and sizes with vastly different user characteristics and publication biases - this work would be of value when these would be tabulated. "

**Reply 2:**

Dear Reviewer B,

We acknowledge and appreciate the constructive feedback you have provided. We recognize the term is very general and have added this limitation to the text.

**Changes in the text:** Please refer to the final paragraph on page 3 (highlighted in red font) for an overview of the added content concerning the diverse range of commercially available video laryngoscope models, sizes, and characteristics. This discussion addresses the potential impact of this variability on study outcomes, emphasizing the need for consideration of such factors in the interpretation of results.

### **Reviewer C:**

**Comment 1:** This manuscript is a comprehensive review of several studies which highlight the importance of video laryngoscopy and apneic oxygenation during intubation attempts in pediatric patients, especially in the neonatal period. I appreciate the multiple studies that were selected and referenced throughout.

**Reply 1:**

Dear Reviewer C,

We sincerely appreciate your thoughtful comments and valuable feedback.

**Comment 2:** "I would recommend enlisting an editing service and/or recruiting a native English speaker to review the manuscript for minor grammatical errors throughout. This includes editing punctuation and minimizing run-on sentences (as in page 2, line 34 and page 5, line 146). All paragraphs should include at least three sentences. "

**Reply 2:**

Dear Reviewer C,

We sincerely appreciate your valuable recommendations. Following your insightful feedback, we have diligently revised our manuscript to address orthographic and grammatical errors. Additionally, we have restructured our paragraphs in accordance with your guidance.

**Comment 3:** "I would recommend expanding the introduction of the manuscript to include factors that contribute to the difficult airway in pediatric patients (especially neonates). This includes differences in the neonatal airway anatomy compared to adults, and physiologic factors that contribute to decompensation including reduced lung compliance, increased O<sub>2</sub> consumption, and low reserve."

**Reply 3:**

Dear Reviewer C,

We appreciate your thoughtful recommendations. We understand the importance of acknowledging specific features related to the airway anatomy and respiratory physiology of pediatric and neonatal patients for effective airway management within these populations. In response to your suggestions, we have expanded the introduction of the manuscript to incorporate these pertinent factors.

**Changes in the text:** Please refer to the first paragraph on page one, where the modified text is highlighted in red.

**Comment 4:** "I would recommend including an additional reference (Garcia-Marcinkiewicz and Matava, see below) which highlights many topics included in your manuscript and emphasizes importance of maintaining an appropriate anesthetic depth throughout the attempt and close attention to human factors and situational awareness. Every tracheal intubation attempt in a neonate should be considered a critical event, and this reference further supports this view. Garcia-Marcinkiewicz A, Matava C. Safe in the first attempt: teaching neonatal airway management. *Curr Opin Anesthesiol.* 2022; 35:329-336".

**Reply 4:**

Dear Reviewer C,

We sincerely appreciate your insightful recommendation and the referenced feedback, which has substantially enhanced the quality of our manuscript. The article you mentioned has played a crucial role in enabling us to address essential topics within our manuscript, notably highlighting the significance of specific nuances in neonates' airway anatomy and respiratory physiology. Furthermore, we have incorporated recommendations pertaining to the safe administration of tracheal intubation attempts in neonates.

**Changes in the text:** For your convenience, the relevant information has been integrated into specific sections of our manuscript, notably on pages 1 (please see the initial paragraph highlighted in red) and 5 (refer to the additional text presented in red).

**Comment 5:** "Page 5, line 142, I would also encourage including the complication rates in each group for reference."

**Reply 5:**

Dear Reviewer C,

We sincerely appreciate your valuable feedback. In accordance with your guidance, we have incorporated the complication rates within each group for your reference.

**Changes in the text:** Kindly refer to page 7, specifically focusing on the initial paragraph highlighted in red, for the inclusion of this additional information.

**Comment 6:** "The conclusion paragraph (sentence) should be expanded to summarize the manuscript, highlight the challenges of the pediatric airway, and provide recommendations to practitioners regarding the above techniques (selecting appropriate devices and techniques, maintenance of oxygenation and appropriate anesthetic depth, and close attention to human factors). "

**Reply 6:**

Dear Reviewer C,

We value and appreciate your constructive recommendations. Following your guidance, we have expanded the conclusion paragraph to include a summary of the manuscript, emphasize the challenges associated with pediatric airways, and present recommendations for practitioners on the mentioned techniques.

**Changes in the text:** Please refer to the concluding paragraphs on pages 7 and 8 (highlighted in red) to review the modified conclusion.

#### **Reviewer D:**

**Comment 1:** "In the title of the review article, it implies the focus is on Neonatal intubation however the majority of the paper talks about pediatric and adult literature. A significant proportion of the article talks about the article by Riva et al, however the median age of the patients in that paper who had VL for intubation was 46 postmenstrual weeks (which is not a neonatal population). "

**Reply 1:**

Dear Reviewer D,

We express our gratitude for your insightful comment. In response, we have made the necessary adjustments to our title, shifting the focus to encompass pediatric, infant and neonatal intubation rather than neonatal intubation. Furthermore, we have refined the manuscript text to underscore a comprehensive

review of pediatric (including infants) and neonatal literature, as opposed to pediatric and adult literature. To enhance clarity, we have also eliminated the discussion on videolaryngoscopy (VL) use for adults.

**Changes in the text:** Kindly refer to the second paragraph of page 2 and the first paragraph on page 3 to review the specific modifications highlighted in red.

**Comment 2:** "There should be more discussion about the size limitations of some commercially available video laryngoscopes."

**Reply 2:**

Dear Reviewer D,

We sincerely appreciate your thoughtful recommendation. Recognizing the significance of size limitations, we have incorporated a discussion on this matter into our manuscript.

**Changes in the text:** Kindly direct your attention to the initial paragraph on page 4 (highlighted in red) to review the additional content on this subject.

**Comment 3:** "Discussion of potential pros and cons of the different devices may also be useful."

**Reply 3:**

Dear Reviewer D,

We express our gratitude for your insightful comments and recommendations. Recognizing the relevance of assessing various devices in light of their respective advantages and disadvantages, particularly considering the diverse array of commercially available models, we have diligently incorporated your suggestions. In accordance with your guidance, we have included a discussion of the advantages and disadvantages of select brands.

**Changes in the text:** We invite your attention to the final paragraph on page 3, which seamlessly extends to page 4, where this additional discussion is highlighted in red for clarity.

**Comment 4:** "There could be further discussion about what the potential role of the VL for minimally invasive surfactant administration?"

**Reply 4:**

Dear Reviewer D,

We appreciate your valuable comments and recommendations. Following your guidance, we have explored the potential role of the VL in minimally invasive surfactant administration.

**Changes in the text:** Please refer to the appended discussion in the first paragraph of page 3 (text in red) for your consideration.

**Comment 5:** Consideration should be made to using a software program to enhance the grammar throughout the paper. For example, "In addition..." is used to start four paragraphs.

**Reply 5:**

Dear Reviewer D,

We appreciate your valuable recommendation. Following your advice, we utilized software tools to improve the grammar as suggested.