

## Peer Review File

Article information: <https://dx.doi.org/10.21037/jeccm-22-59>

### Reviewer A

**Comment 1: A single case report cannot establish the causal link between Palivizumab and outcome.**

Reply 1: The authors of this case report agree with this comment, as noted in the final paragraph of the discussion section. “While there is insufficient evidence to recommend palivizumab in all immunocompromised patients with RSV, it may have some utility as salvage therapy in patients who are immunocompromised at baseline who fail to improve on more conventional therapy. This case adds to the growing, albeit limited, literature of the use of palivizumab in SOT patients and is the first to report on its use in liver transplant.” In order to provide a greater perspective on the use of palivizumab for this purpose apart from our single case report, this manuscript provides a thorough review of the available primary literature of the use of palivizumab for adult immunocompromised patients with RSV (Table 1). As pointed out by Reviewer A, no single (or multiple) case reports can prove a causal link between a treatment and an outcome; a randomized-controlled trial would be the gold-standard. Our case report is encouraging to our institution to seek approval for a clinical trial for similar patients since we are a large solid-organ transplant center – a statement to this effect has been added to the discussion section.

### Reviewer B

**Comment 1: There is no mention of the date the case took place. For example, if it is after the end of 2019, there should be mention of carrying out a test for the detection of covid-19.**

Reply 1: This patient did present after the beginning of the COVID-19 pandemic. In response to this comment, the results of the patient’s negative COVID-19 PCR have been included in the case presentation portion of the case report

**Comment 2: Table 1: add in the footnote to the table the meaning of the abbreviations HCST, RSV, IVIG, URTI, and LRTI.**

Reply 2: definitions for the utilized abbreviations have been included as a footnote as suggested.

**Comment 3: Page 6 line 13: write the abbreviation SOT before quoting for the first time.**

Reply 3: this has been amended.

**Comment 4: CARE Checklist of information: there is no answer to “Did the patient give informed consent?”**

Reply 4: the answer selected on the CARE checklist for that item was “No”. Informed consent was waived given the retrospective nature of this case report.

### **Reviewer C**

**Comment 1: The most important issue of this manuscript is that the detail of the methods to detect RS virus was not described. The authors described that RS virus was detected by respiratory panel; however, to confirm the reliability to detect RS virus infection, detail of the methods should be explained, including name of the panel and maker’s name, protocol to conduct the panel test and related reference, type of samples such as nasal or throat swabs or nasal discharge.**

**Furthermore, the authors should add other detection methods to confirm RS virus infection, such as RT-PCR methods, immunofluorescence, viral culture, antigen detection test or comparing antibody titers of paired serum, if they conducted them.**

Reply 1: In the case presentation portion of the report, the brand (BioFire® Respiratory 2.1 Panel) of respiratory panel utilized to diagnose RSV was included, along with the type of sample collected. This was expanded upon in the discussion section.

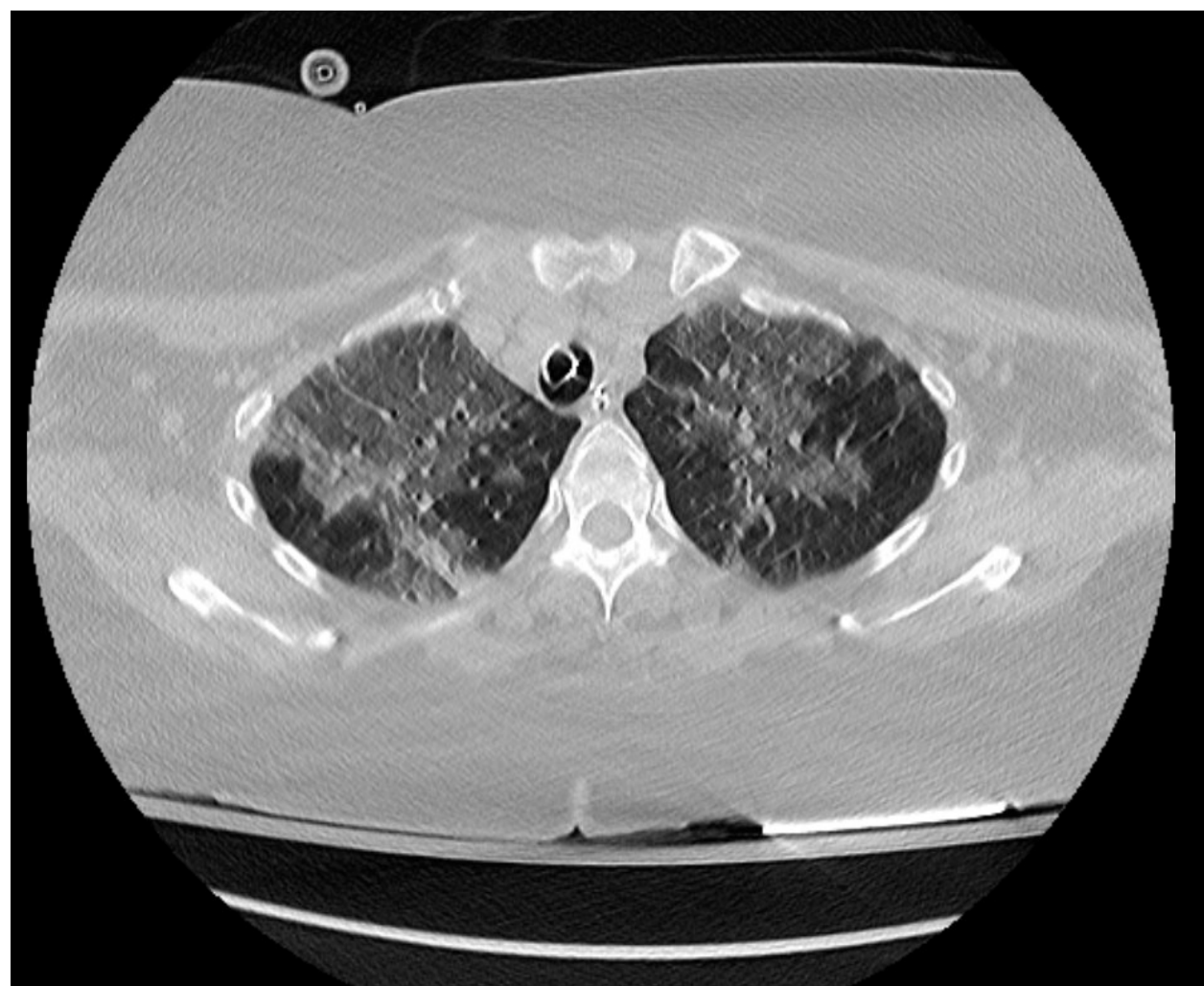
**Comment 2: Because this is a case report, laboratory data showing immunocompromised condition and inflammation should be presented, including data of the number of peripheral venous blood lymphocytes, C-reactive protein levels before and after the recovery, and the results of blood gas analysis at the recovery time after addition of treatment using palivizumab.**

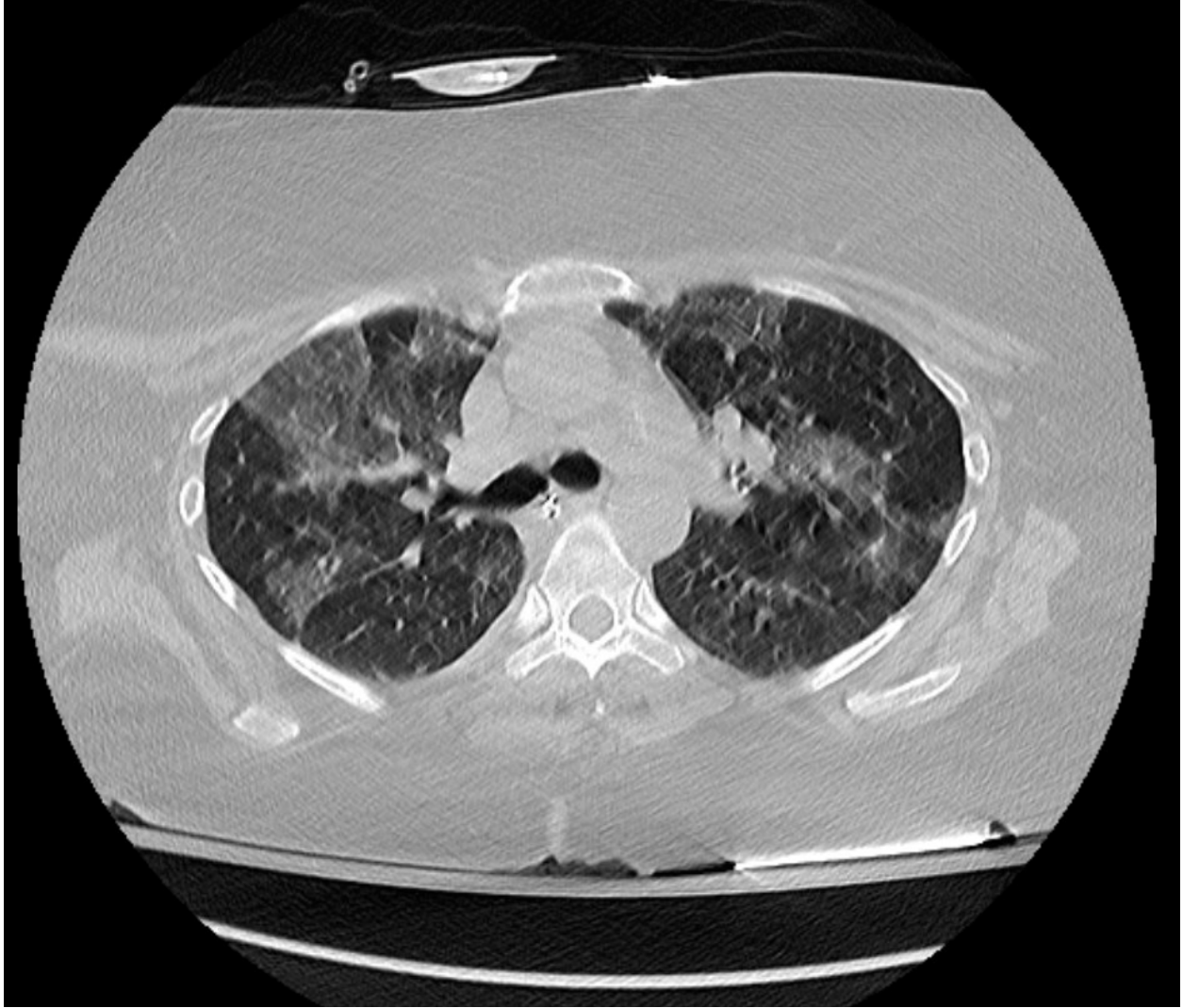
Reply 2: This information has been included in the report as able. There was no follow-up CRP available after treatment with palivizumab.

**Comment 3: Chest CT should be presented before and after addition of treatment using palivizumab.**

Reply 3: unfortunately, a chest CT was not performed after treatment with palivizumab. The chest x-rays throughout the patient’s admission clearly show improvement from pre- to post-intervention. It was for these reasons that the chest CT images were not included. I have attached the non-contrast CT chest images from day 3 (prior to administration of palivizumab) of the patient’s admission below for your review. These can be included in the manuscript if desired.







**Comment 4: Hospital name of Dr. Jesse E. Harris; “ouston Methodist Hospital” to “Houston Methodist Hospital”**

Reply 4: This has been amended.