

## Peer Review File

**Article information:** <https://dx.doi.org/10.21037/med-22-38>

### Reviewer A Comments:

The authors provide a succinct review on aerodigestive fistulas.

**Comment 1:** The review states this is for fistulas in adults and as such any comment or characterization of congenital fistulas should be removed from the review. For example the subsection on classification can be removed and replaced with “early airway management.”

**Reply 1:** This is a good point. We originally felt that the inclusion of the different types of congenital malformations would add to the completeness of the discussion but agree it may be unnecessary for this review.

**Changes in the text:** We removed most of the text regarding congenital ADFs, although we left a mention of congenital TEFs in the “Etiologies” section in the context of adult presentations.

**Comment 2:** The authors can expand on why acquired AEFs are associated with high mortality rates. It is the fistula that kills the patients or something else?

**Reply 2:** Mortality is most often cited as pneumonia/sepsis/respiratory failure, malnutrition, and hemorrhage.

**Changes in the text:** We have added mention of common causes of death added under the “General Management” section on page 7, lines 208-210.

**Comment 3:** The authors suggest that there have been prior attempts to classify AEFs and management algorithms. This would be good to expand on, as most readers of review articles will be looking to obtain advice on management.

**Reply 3:** Thank you for this point and consideration for the reader’s viewpoint.

**Changes in the text:** We have created a flowchart to summarize a management approach (figure 3). This is more generalized than the one proposed by Qureshi which provided very specific recommendations (e.g., malignant ADFs in the distal trachea should receive definitive chemoRT) that doesn’t necessarily take into account all comers (e.g., those with metastatic disease).

**Comment 4:** At the moment, the review reads as a grocery list of options. The article could be organized to provide some flow and work towards guiding readers towards one treatment over another. It may help to divide management of fistulas based on etiology as is commonly done in practice.

**Reply 4:** We wanted to provide an overview of various options that have been reported by different groups but recognize it may be difficult to weigh one intervention over another when

presented like this.

**Changes in the text:** We have added emphasis on esophageal/airway stenting and created a flowchart to summarize a management approach, although we left the list of other less common bronchoscopic interventions to create a more complete picture of published options.

### **Reviewer B Comments:**

**Comment 1:** After the section on Surgical Intervention (and before airway stents), it would be appropriate to have a section on Esophageal stents. Generally speaking we want to stent the esophagus when possible. Esophageal stents are more likely to seal defects due to the tubular shape of the esophagus matching that of the stents, and sometimes they can also provide relief for the esophageal obstruction if present. If the esophageal stent fails, causes airway obstruction, or if there is airway obstruction by the tumor, then an airway stent would be indicated.

**Reply 1:** We agree with the role of esophageal stenting from the editor, but we intentionally did not discuss esophageal stents separate from the discussion on airway stents because there is supposed to be a separate article discussing GI interventions in the same publication. This is noted in the “Bronchoscopic intervention” section, currently on page 9, lines 286-287.

**Changes in the text:** We added a statement on stenting the esophagus on page 9, lines 288-290 as well as in a new figure (figure 3).

**Comment 2:** Under the section of Bronchoscopic Interventions, the subsection of Types of Airway Stents (overview in general of these stents) may not be necessary since it is covered in other issues of this series.

**Reply 2:** Acknowledged

**Changes in the text:** The general overview of stent types has been removed.