Peer Review File

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Response to reviewers:

Comment 1: I agree with the author, but the Title is not answered fully, and I will recommend adding text about early surfactant treatment and about intrauterine infections.

We know that early CPAP and surfactant treatment of infants with RDS is important to avoid mechanical ventilation and to decrease oxygen treatment and this can milden BPD. However, this is not enough to avoid BPD in most cases.

New experimental and early treatments of the very preterm infants is also needed. In this connexion it is important to mention intrauterine infections as cause of preterm birth and possible BPD.

Reply 1: I appreciate the authors comments and agree with them. I have added the following sentence to the manuscript to highlight case for surfactant treatment and intrauterine infections: *"It is known that Intrauterine infection/inflammation is associated with increased severity of BPD[19] while surfactant administration itself has not been associated with severity of BPD but may lead to decrease in mechanical ventilation with an indirect positive effect on it [20]."*
I have also added the following references in the same context:
19. Pan J, Zhan C, Yuan T, et al. Effects and molecular mechanisms of intrauterine infection/inflammation on lung development. Respir Res; 19. Epub ahead of print 10 May 2018. DOI: 10.1186/s12931-018-0787-y.
20. Dargaville PA, Kamlin COF, Orsini F, et al. Effect of Minimally Invasive Surfactant Therapy vs Sham Treatment on Death or Bronchopulmonary Dysplasia in Preterm Infants With Respiratory Distress Syndrome: The OPTIMIST-A Randomized Clinical Trial. JAMA 2021; 326: 2478–2487.

Comment 2: I have reviewed with many interest the work titled: "Predicting Bronchopulmonary Dysplasia in Premature Infants. Has the research come of age?" by Dr. Anirudha Das and coworkers.

It is a letter to the editor describing the main predictors described to early diagnosis of bronchopulmonary dysplasia (BPD) in preterm infants. The main issue with this manuscript is that it is a narrative review, in which only a small piece of the recent references has been analyzed. Furthermore, the authors have missed a very big and important part in early BPD prediction, which is lung ultrasound (LU): the LU score (LUS) has been proven beneficial to detect BPD as early as 7 days of afe in a meta-analysis of six studies, that included more that 1000 patients (Pezza et al. AJRCCM 2021), and I think that the authors should include this references in addition to those already in the manuscript.

The references added are actual, and they are adequate for the issue of this manuscript.

I appreciate the reviewer's comment and agree with it. The following sentence was added to the article in response to the comment: "*Early lung ultrasound (< 32 weeks) in the first 2 weeks of life has also been utilized as a predictor of moderate to severe BPD[18].*" I have also added the following reference as mentioned by the reviewer:

"*Pezza L, Alonso-Ojembarrena A, Elsayed Y, et al. Meta-Analysis of Lung Ultrasound Scores for Early Prediction of Bronchopulmonary Dysplasia. Annals of the American Thoracic Society 2022; 19: 659–667.*"