

## Peer Review File

Article information: <https://dx.doi.org/10.21037/joma-23-20>

**Comment 1:** In mention of COPD and evaluation tools to reduce risk, I think it would be useful to mention the Global Initiative for Chronic Obstructive Lung Disease (GOLD) with its scoring system based on the spirometry, patient's symptom burden, and history of exacerbations.

**Reply 1:** Thank you for this comment. We agree that mention of the GOLD criteria improves the comprehensiveness of the article.

**Comment 2:** In the paragraph with Lines 141-150: Mention of the availability of Sugammadex would strengthen this paragraph on post-surgical PACU problems. The classic reversal agents of neostigmine + glycopyrrolate were associated with higher incidence of insufficient neuromuscular relaxant reversal. Sugammadex has been a game-changer, and for facilities that have chosen not to acquire it due to cost, studies show that one low-dose administration is comparable to neostigmine + glycopyrrolate.

**Reply 2:** Thank you for this comment. We agree Sugammadex has advantages over neostigmine and have made these changes to the manuscript.

**Comment 3:** Line 154: by smoking, do you mean just cigarettes, or including vaping and marijuana use?

**Reply 3:** Thank you for this comment. We are discussing cigarette smoking as the data is more widely available. The data on marijuana is emerging as it has only recently been legalized.

**Comment 4:** Line 166 and onwards: preoperative identification of higher-risk patients presents the opportunity for "pre-habilitation", and would make a nice transitional lead-in to the next paragraph.

**Reply 4:** Thank you for this comment. We have amended the statement to include this.

**Comment 5:** Line 202: I encourage mention that smoking cessation even in the 24 hours before surgery leads to better outcomes through reduction of carbon monoxide levels.

**Reply 5:** Thank you for this comment. We have amended the statement to include this.

**Comment 6:** Line 244: it would aid the reader if you would expand on what the ICOUGH program is.

**Reply 6:** Thank you for this comment. We agree the I COUGH acronym warranted further explanation.

**Comment 7:** Line 268. This paragraph seems to have a style that departs from the rest of the article. It also seems to want a better lead-in, if I am correct in determining what you were hoping to express: Please consider adding language such as: "In cases where the patient has either suggestions of or clear indications of significant respiratory depression..."

**Reply 7:** Thank you for this comment. We agree this section warranted a better introduction. The aforementioned line was corrected to provide a better lead-in statement.

**Comment 8:** Line 287: my impression here was that although your comments are true, what likelihood is it that hospitals or ASCs would have capnography available for continuous monitoring. Indeed it would be a safety boon, yet very expensive to implement. In cases where either preoperative risk stratification, or the procedure itself, or interval unexpected PPCs develop, the more reasonable choice is to arrange for transfer and care to a higher acuity unit than the standard hospital floor unit.

**Reply 8:** Thank you for this comment. We have amended the statement to include this.

**Comment 9:** I would favor the specific inclusion of the topic of obesity/high BMI and its association with obstructive sleep apnea (OSA) OSA has been determined to be an independent risk factor for OSA.

**Reply 9:** Thank you for this comment. We have amended the statement to include this.

**Comment 10:** The recent development of High Flow Nasal Oxygen devices has proven to be an effective adjunct for the perioperative care of patients that are determined to be at high risk for PPCs, and the nice thing is that it can easily follow the patient through pre-, intra- and post-op phases of care.

**Reply 10:** Thank you for this comment. We have amended the statement to include this.