

Peer review file

Article information: <http://dx.doi.org/10.21037/jtd-20-1191>

Reviewer A

Comment 1: I strongly recommend a review by a native English speaker, as I have some doubts about formulation and vocabulary throughout the article.

Reply 1: Thanks for your suggestion. We have made a review by a native English speaker throughout the article.

Comment 2: I miss all the literature references insertion in the text.

Reply 2: We have carefully checked and attached all the references.

Comment 3: I would like to know their total amount of patients who were transplanted and the percentage of these who were included.

Reply 3: Thanks for your comment. A total of 124 patients received lung transplanted from January 2015 to June 2019. In this study, we included 63 cases for investigation, while 61 cases were excluded: 9 patients with severe liver dysfunction, 24 cases of voriconazole used, and 28 cases of incomplete information.

Comment 4: The inclusion criteria mentioned that caspofungin must be used to include the patients in this study but what is the indication of caspofungin versus fluconazole, voriconazole or similar drugs in their practice?

Reply 4: In clinical practice, voriconazole is mainly used for the treatment of invasive pulmonary aspergillosis. Patients after lung transplantation are prone to acute renal failure, voriconazole for injection is not suitable for patients with moderate to severe renal failure, which limits its use of preventive antifungal after lung transplantation. Caspofungin has a broad antibacterial spectrum and can be used in patients with acute renal insufficiency, so caspofungin is commonly used as a preventive antifungal after lung transplantation. Fluconazole has a narrow antibacterial spectrum, it limits its use as a preventive antifungal after lung transplantation.

Reviewer B

In the present manuscript, Yang et al investigate how to calculate the conversion ratio of tacrolimus switching from intravenous infusion to oral administration after lung transplantation. While the study population is relatively small, I recognize the novelty of the study results altogether. Here my comments:

Comment 1: Abstract, method section: I presumed the authors meant "as combined medication of tacrolimus and caspofungin (not voriconazole) were used".

Reply 1: We deeply apologize that we have made a mistake in writing, we should meant "as combined medication of tacrolimus and caspofungin were used", and we have corrected it in the revised manuscript.

Comment 2: Introduction: I noticed that the authors did not report references at all. Therefore, it is difficult to prove some statements of the authors, such "GVHD is one of the leading causes of death in patients after lung transplantation". I think that this information adds nothing to the introduction and has to be removed.

Reply 2: We truly appreciate the reviewer's suggestion, the sentence "GVHD is one of the leading causes of death in patients after lung transplantation" has been removed in the revised manuscript.

Comment 3: Methods: Did the patients give their consent to the study? Declaration of Helsinki?

Reply 3: This study was approved by the Ethics Committee of The First Affiliated Hospital of Guangzhou Medical University (Medical Ethics 2020 No.K-08) . All subjects gave written informed consent. we have modified our text as advised (see Page 4, line 166)

Comment 4: Methods: I suppose the authors meant mofetil mycophenolate.

Reply 4: Thanks for the reviewer's comment. We should mean "Mofetil Mycophenolate" in the manuscript.

Comment 5: Methods: how long did the authors use Caspofungin for prophylaxis after transplantation? Caspofungin is a iv. drug, and, in comparison to itraconazole, voriconazole and posaconazole, not really suited for a prophylaxis. Do authors switch to another anti-fungal drug when patients are discharged from hospital? If yes, how do they adapt the tacrolimus dosage to the new anti-fungal therapy?

Reply 5: Caspofungin injection is commonly used for one week for prophylaxis after transplantation, thereafter, it would change to oral voriconazole tablets. Since voriconazole increases the concentration of tacrolimus, when transferring to oral voriconazole tablets, the dose of tacrolimus should be reduced ($0.1 \text{ mg / kg / day} \times \text{body weight} \times 70\%$), and then the dose would be adjusted according to the blood concentration during the follow up.

Comment 6: Results: how do the authors explain a 3-month survival of only 75.2%? How many patients died of fungal infections?

Reply 6: We deeply apologize that we have made a mistake in writing, the 3-month survival rate should be 76.2%. The reason for the 3-month survival of only 76.2% is that: (1) Majority of patients with lung transplants complicated with underlying diseases, moreover, these patients commonly expected to receive lung transplants when they suffer from late stage diseases. (2) Post-operation hemorrhage is one of the most common complication of lung transplant, which would lead to multiple organ failure or even death. In this study, 15 of 63 patients died after lung transplant, 2 of them died of fungal infections.