## Peer Review File

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### **Reviewer comments**

Thank you for the opportunity to review this manuscript. This manuscript is a letter to the editor which reports on a cohort study of an intervention targeting physical activity and functional exercise capacity in COPD. Firstly, I just wanted to make a general point. I can appreciate as a letter to the editor you may be limited by word count. However, I would encourage you to adhere the STROBE guidelines as much as possible in reporting your study. Secondly, I have some comments on specific areas of the manuscript which are listed below:

Dear Reviewer A.

First of all, we would like to thank you for the time you have taken to review this manuscript, as well as for your comments and suggestions.

We hope that these changes are to your liking and that they have achieved the expected scientific clarity.

Comment 1: Thank you very much for your comment.

Changes in the text: Indeed our work is written as a letter to the editor and the number of words is limited. However, following the reviewer's recommendation, changes have been made to the text to conform to the STROBE.

### Introduction:

Line 20-22 Please correct the MCID. Generally reported as a range or you do seem to have evaluated changes according to more up-to-date estimate in your results/discussion (i.e 30 m).

Comment 2: We are grateful for your consideration. The available evidence suggests a minimal important difference of 30 m for adult patients with chronic respiratory disease.

Changes in the text: We have modified our text by changing for 30m and changing for the correspondent reference (see page 1, lines 20-21; and page 6, lines 120-123).

# Line 22-23 Please revise this sentence. The test does not assess mortality risk. It is a measure of functional exercise capacity that has been linked to prognosis of COPD.

Comment 3: Thank you very much for your interesting appreciation. We fully agree with the reviewer, modifications have been made in the text.

Changes in the text: We have modified our text as advised by deleting "and mortality risk" (see page 1, line 22)

Line 31-33 I don't think this statement accurately reflects the literature unless I've misunderstood what is being suggested here: "However, there are few studies analysing the impact of physical activity on exercise capacity in COPD patients." Physical activity in its most common definition (i.e. any bodily movement produced

by skeletal muscles that requires energy expenditure) is broad and captures many interventions (including all forms of structured physical activity i.e. exercise) that have been studied in terms of impact on exercise capacity. Even if we take supervised exercise in the form of pulmonary rehabilitation, its impact on exercise capacity has been extensively studied. The authors had 'unsupervised walking' in the title. It may be worthwhile focusing on this here. There is fewer studies in this area but increasing interest.

Comment 4: We fully agree with the reviewer.

Changes in the text: We have modified the text as advised by adding "unsupervised" as this was the main purpose of the study (see page 2, line 32)

Methods

Line 40 - Could you expand on the design here e.g. study duration, setting (ie. type of centre)

Comment 5: We fully agree with the reviewer. Following the reviewer's recommendation, the design has been expanded.

Changes in the text: We have added some data regarding this subject (see page 2, lines 43-44).

Line 48 - 50 You may be limited by word count but sufficient description of the intervention is essential for the interpretation of the findings. Please expand, particularly any detail on prescription (e.g. frequency, intensity, duration of walking, supervision), specific type of pedometer (make/model) any goal setting, any feedback, any recording of physical activity in a diary, verbal encouragement (frequency, mode of delivery)

Comment 6: Thank you very much for your comment.

Changes in the text: We have added some data regarding this subject (see page 2-3, lines 48-54).

Line 57 - There is no mention of a sample size calculation or any information on the statistical analysis. Please include. Again, this is important when interpreting the findings.

Comment 7: Thank you very much for your comment.

Changes in the text: We have added some data regarding this subject (see page 3, lines 64-71).

### Results

Line 62-63 You refer to a program and the follow-up diary here. This is the first time you have mentioned them, please clarify or where applicable, add in the methods.

Comment 8: Thank you very much for your comment.

Changes in the text: We have added some data regarding this subject (see page 3, lines 51-52).

Line 67 - 69. How was this measured? Was this the pedometer the participants had

been given for the intervention? It is more conventional for steps to be reported as daily number. This would allow for better comparison to previous studies including understanding whether changes are clinically meaningful (i.e MCID for steps in COPD is daily).

Comment 9: Thank you very much for your comment.

Changes in the text: we have added some data regarding the characteristics of the pedometer (see page 3, lines 53-54).

Line 71-73 "distance travelled (p <0.001) and in the degree of dyspnea (p = 0.001) and exertion tolerance (p = 0.017) quantified with the Borg scale." Please provide the data that these p values are based on (i.e. Mean difference/SD) and what do you mean by degree of dyspnea and exertion tolerance, is this at the end of the 6MWT?

Comment 10: We are grateful for your consideration.

Changes in the text: We have added some data regarding this subject (see page 3, line 79-84)

Line 79-81 Please see earlier comment on MCID, interpretation is based on 30metres here

Comment 11: Thank you very much for your comment.

Changes in the text: We have made the correction according to comment 3 (see page 1, lines 20-21; and page 6, lines 120-123).

#### Discussion

Line 85 - This is the first time you've mentioned that this was a counselling program, please provide further detail on the intervention in the methods.

Comment 12: We are grateful for your consideration.

Changes in the text: We have added some data regarding this subject (see page 2, line 48-50)

Line 91 - Also note that you do not have a control group, so you cannot confirm to what extent changes over time were due to the intervention alone.

Comment 13: We are grateful for your consideration.

Changes in the text: We have added some data regarding this subject (see page 5, line 102-103).

### Conclusions

Line 99 - You refer to health advice and an unsupervised walking program here. Please be consistent with the terminology for the intervention: verbal encouragement, counselling, health advice can mean very different components from a behavioural perspective.

Comment 14: Thank you very much for your comment.

Changes in the text: We have modified the text as advised by changing "health advice" by "verbal encouragement" (see page 5, line 107)