

Peer Review File

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Reviewer Comments

Reviewer A

Luu and co-authors report an overview of the results of ECMO support in patients with PGD after lung transplantation. The review is well-written and includes an up-to-dated literature. I have the following few comments:

Comment 1 No page numbers are reported.

Reply 1 Thank you for the comments. We have added page numbers to our submission.

Comment 2 Lines 82-83: there is by now enough evidence that prolonged (at least >8hours) ischemic times are not associated with PGD or poor graft dysfunction.

Reply 2 We have modified this statement in line 82-83 to reflect data from reference 12.

Comment 3 Lines 234-246. I partly agree with this idea, but I think that an elective patient with COPD or CF does not require intra-operative and postoperatively extended ECMO support, especially if ECMO is centrally implanted.

Reply 3 Thank you for this observation. We do agree that not every patient with indication for lung transplantation requires intraoperative and postoperative extension of ECMO support, especially if their anatomy and physiology allows for lung manipulation without need for ECLS. In the section of our paper cited above, we report standard practices adopted in different high-volume centers worldwide and do not intend to suggest a uniform surgical approach to lung transplantation.

Reviewer B

Thank you for good paper.

Generally I agree to apply ECMO to patients with severe PGD, I think one of therapeutic options.

Comment 1 Actually I rarely apply ECMO even severe PGD, because most of patients recover from PGD within 3 or 4 days with best supportive care. our center perform lung transplantation around 40 cases including BTT around 20 cases annually. However 1 year survival is 90% and 5 y survival is 70% nowadays.

Reply 1 Thank you for your comments and corroboration of our findings. Within this paper, we do recognize that conservative management and supportive care does have a role in moderate to severe PGD (page 5, paragraph 2). We felt our search for the available literature and technical approaches to PGD were thorough. However, if there is a reference that we may have missed in support of conservative management and non-ECMO approaches to treating severe PGD, please let us know and we will include it in our re-submission.

Comment 2In your paper, in conclusion part, your tone is too strong because evidence is weak. So my suggestion is tone down in your conclusion in your paper.

Reply 2We have modified the language in the conclusion to reflect the level of evidence in this field of study.

Reviewer C

Comment 1I do wonder if it was worth mentioning whether EVLP has a positive, negative or neutral effect. Or even if there is a potential for it to have an effect but that the data is not yet there.

Reply 1Thank you for mentioning this topic. We have included a statement on EVLP in potentially ameliorating ischemic-reperfusion injury on page 7, paragraph 2.