Peer Review File

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Reviewer A
Comments:

The author of the editorial comment can update the information on the risks and benefits of the intervention to contextualize the article, and more deeply discuss its methodological limitations, such as subgroup analysis or results based on combined outcomes. I do not share the author's view that the protective effect of awake prone position of the mild COVID-19 patients is interesting, given that no effect has been demonstrated on mortality and the decrease in the intubation rate may reflect delay in transfer to intensive care units.

Reply: Thank you for your precise and informative comments for methodology of this article. I added the following sentences in line 37-40 and Line 61-65. In addition, I removed the positive effect of self-prone in COVID-19 patients based on reviewer's comments.
Changes in the text: the paradoxical effect of the intervention on the combined outcome of intubation or death seems implausible, showing significance in less severe patients (satO2 >95%) and no effect in more severe patients, based on single patient events in the intervention group. Line 39-42.
A recent meta-analysis of awake prone positioning, which included 17 clinical trials (2931 patients), only reported a lower rate of orotracheal intubation (RR 0.83, 95% CI 0.70 to 0.99) but not for mortality (RR 0.90, 95% CI 0.45 to 1.82) (17). I propose that a sufficient duration of self-prone position is required to reduce the orotracheal intubation rate for mild to moderate COVID-19 pneumonia patients. Line 71-76.

Reviewer B
Comments:

Most prior trials and meta-analysis showed the beneficial effect of awakening, self-prone positioning in critically ill patients requiring high flow oxygen supply. This result was contrary to the RCT by Nay et al.
Short duration of prone positioning may have the greatest influence, and usage of

corticosteroid may also be a factor. Since several imitations mentioned in this article have already been described by Nay et al, It is recommended to reorganize the limitations based on new proposals or more important points.

Reply: Thank you for your useful comments. Based on reviewer's comment, I added the following sentences.
Changes in the text: A recent meta-analysis of awake prone positioning, which included 17 clinical trials (2931 patients), only reported a lower rate of orotracheal intubation (RR 0.83, 95% CI 0.70 to 0.99) but not for mortality (RR 0.90, 95% CI 0.45 to 1.82) (17). I propose that a sufficient duration of self-prone position is required to reduce the orotracheal intubation rate for mild to moderate COVID-19 pneumonia patients. Line 71-76.

Reviewer C
Comments:

My major concern about this paper is the writing. The paper, in its current form, is very difficult to read. I strongly suggest this paper be revised for spelling/grammar/syntax, perhaps by a professional service.

Reply: Thank you for your educational advice. I modified the following sentence in Line 22-23.
Changes in the text: Ehrmann et al. suggested that awake-prone positioning appears more beneficial when done for more than 8 hours per day (12). Line 20-22. In addition, I modified the whole sentences by professional service.

Reviewer D
Comments:

Comment 1: Line 17 – Many studies show the effectiveness of awake prone positioning but it is important to specify the respiratory support used.

Reply 1: Thank you for your sincere comments. I modified the following:

Changes in the text: Line 20-22 – I simply stated the following: Ehrmann et al. suggested that awake-prone positioning appears more beneficial when done for more than 8 hours per day (12).

Comment 2: Line 25 and Line 44 – I agree with your opinion that 90 minutes of self-prone position is totally insufficient and without clinical effect

Reply 2: Thank you for your sincere comments. I modified the following:
Changes in the text: Line 25 and Line 44 – I agree with your opinion that 90 minutes of self-prone position is totally insufficient and without clinical effect

Comment 3: Line 43 – Duration of prone positioning in COVID-19 patients treated with mechanical ventilation is longer than 16 hours

Reply 3: Thank you for your sincere comments. I modified the following:
Changes in the text: Line 43 – Duration of prone positioning in COVID-19 patients treated with mechanical ventilation is longer than 16 hours

Comment 4: Please revise this information and add these two citations: DOI: 10.4037/ccn2020222 and DOI: 10.1016/j.chest.2022.10.034

Reply 4: Based on your advice, I added the following sentences: The duration of prone positioning in COVID-19 patients treated with mechanical ventilation is usually longer than 16 hours, which is a key issue. Two recent studies showed the benefit of prolonged prone position ventilation in intubated COVID-19 patients (15,16).. In addition, I added the two references as 15 and 16.
Changes in the text:
15. Binda F, Marelli F, Galazzi A et al. Nursing Management of Prone Positioning in Patients With COVID-19. Crit Care Nurse. 2021 Apr 1;41(2):27-35.
16. Okin D, Huang CY, Alba GA et al. Prolonged Prone Position Ventilation Is Associated With Reduced Mortality in Intubated COVID-19 Patients. Chest. 2023 Mar;163(3):533-542.

Comment 5: Line 55 – in general, all observations on the possible criticality of maintaining the prone position in awake patients are absolutely correct

Reply 5: Thank you for your agreement of my opinion.