

Peer Review File

Article information: <https://dx.doi.org/10.21037/jtd-23-1588>

Reviewer A

Comments:

It is interesting and useful editorial article related to awakening proning in unmonitored setting. First, they introduced beneficial effect of prone positioning in patient requiring intubation, then they introduced awakening proning and its limitation and three questions.

One suggestion, if possible, please show a table about characteristics of studies related to each question.

Reply: Thank you very much for your positive comments. A table (table 1) has been added in the revised version, following your suggestions.

Reviewer B

Comments:

Awake prone position had widespread diffusion during Covid-19 pandemic. Despite many papers, well documented in this editorial, pathophysiology of prone position in non-intubated patients is still unknown.

1. Mechanisms studied in intubated patients cannot be transposed in spontaneously breathing patients
2. In Covid pathology perfusion may play an important role: pronation maneuver change ventilation/perfusion matching
3. In awake patients is of key importance tolerance of treatment: for this reason in many cases mild sedation should be necessary. Thus the monitoring of the patient is very important.

Reply: Thank you very much for your positive comments. We have included a new paragraph emphasizing the pathophysiological mechanisms of awake proning position in the new version.

Changes in the text: Finally, only about 5% of the patients in the study received non-invasive ventilation. A full understanding of the different physiological mechanisms that

may influence the effects of prone positioning in spontaneously breathing patients, intubated patients or patients receiving non-invasive ventilation (HFNC or NIV) is essential. In a recent letter, Shao and Shao [18] discussed the physiological differences in the effects of the prone position in patients receiving non-invasive respiratory support compared to those receiving conventional oxygen support. It appears that the recruitment effect associated with NIV and HFNC, which increases end-expiratory lung volume, may have a synergistic effect with APP, resulting in improved compliance, reduced strain and stress forces and more homogeneous lung inflation. Whether the presence of "advanced non-invasive respiratory support" can facilitate prolonged periods of prone positioning remains to be demonstrated (lines 120 to 131).

Reviewer C

Comments:

Luján and Sayas submit for consideration an editorial examining the use of prone positioning in awake, nonintubated patients. While certainly a worthwhile topic, the manuscript would benefit from significant revisions for clarity and flow. While the title of the editorial implies that discussion would primarily center around the use of awake prone positioning in unmonitored settings, the bulk of this manuscript instead focuses on the questionable benefit of awake prone positioning in general. While certainly still a worthwhile topic, very little time is spent discussing the limitations of awake prone positioning in the absence of continuous monitoring.

Reply: Thank you for your comments. We have corrected the manuscript in the revised version according to your suggestions. Regarding the topic, it is mainly related to the study by Nay et al (reference n 12). We have tried to emphasize the main features of the study (conducted in wards, in unmonitored settings, in mild ARF...), but we have also added a table (Table 1) as requested by reviewer n°1, which emphasizes the lack of benefit of the studies conducted in unmonitored settings (wards).

Changes in the text: See Table 1.