

Peer Review File

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Review Comments:

Comment 1: First, although it is true that the absence of blinding can influence the results, it seems unlikely that the outcomes considered (noninvasive mechanical ventilation, intubation or death) could be influenced by the patient's perception. All the outcomes considered should have been guided by objective parameters (especially gasometric worsening).

Reply 1: Thank you for the valuable feedback and comments. We agree with your statement lack of blindness should not affect outcomes given that a patient bias should not affect it. However, the behavior of the caregiver could be potentially affected especially in absence of well-defined intubation criteria. Our previous statement was misleading, and we made the following changes.

Changes in the text: Page 4 line 90 Notably, the inability to blind patients and caregivers due to the nature of self-proning introduces potential bias. Participants' awareness of the study would be less likely to influence outcomes like non-invasive mechanical ventilation, intubation, and death, given the nature of the outcomes. However, caregivers had been conscious that assigned intervention can potentially affect their behavior and perception of treatment effects given the absence of well-defined intubation criteria. This could lead to variability in decisions on intubation, potentially favoring one group over the other.

Comment 2: The second issue concerns the prone maneuver in patients undergoing mechanical ventilation. It is really a rescue maneuver in severe cases only indicated in the absence of improvement under protective ventilation parameters and optimal PEEP. It is not routinely adopted, and I think it might be appropriate to include this nuance in the authors' commentary (pg 2, lines 29-30).

Reply 2: Thank you for the feedback. The following nuance was added as follows.

Changes in the text: page 2 line 34: Influenced by its success in treating acute respiratory distress syndrome (ARDS), prone positioning as a rescue maneuver, after the lack of improvement under optimal ventilatory settings, was used for COVID-19 patients.

Comment 3: Finally: there is a typographical error in pg 3, line 59

Reply 3: Thank you for the feedback. The statement was changed as follows.

Changes in the text: Page 3 line 58: Conversely, a meta-analysis encompassing mechanically ventilated patients showed no reduction in mortality, ICU stay, or mechanical ventilation duration in prone positioned patients.