

## Peer Review File

Article information: <https://dx.doi.org/10.21037/ccts-20-167>.

### Reviewer A

This manuscript is a narrative review on bronchoscopy for the diagnosis and treatment of airway complications following lung transplantation.

It is for me somewhat unclear who will be the target audience of this paper. Most of the information provided will be common knowledge for lung transplant physicians involved in a transplant program. It could be an aid for younger trainees who are looking for an introduction to this specific aspect.

It would be useful to provide the reader with a time schedule for surveillance bronchoscopy: is it necessary during surgery? Just before extubation? Regular follow-up at 1, 2 week?. The author addresses the potential of interventional bronchoscopy for repair, either dehiscence or stenosis. Some words on the surgical for both preventing and treating such complication would be welcome. Some comments on the association of proximal airway stenosis and later subsequent more distal bronchiolitis obliterans would also be interesting.

Other comments:

- line 50: the name of H Dutau is misspelled.
- Figures. The 5 figures are self-explanatory, except the figure 1 where it is difficult to get oriented. It should be either described more explicitly or switched for another photograph. Although each figure is commented in the text, I think figure legends remain necessary
- Some English editing is also necessary.

### Reply:

1. The objective of this concise review is to provide accurate and general information on a complex and highly specialized topic for residents, pulmonologists, and general thoracic surgeons.
2. I added some data as advised in page 2, line 51. First comment and new cite
3. I added some data as advised in page 3, lines 93, Second comment and new cite
4. I added some data as advised in page 4, line 111, third comment.
5. I modified the name Dutau in page 2, line 67
6. I added new figure 1 and legends in all figures. Page 13.

### Reviewer B

This article reviews the role of bronchoscopy in airway complications following lung transplantation, including the role of bronchoscopy for their identification and management.

1. Airway complications following transplantation are classified according to their occurrence time as early or late complications and various causes and treatments are described. However, there are not enough systematic descriptions of specific treatment options and post-treatment observations with bronchoscopy for different types of complications. Of course, this is partially due to lacking of 100% perfect bronchoscopy plan for the treatment of various airway complications.

2. When comparing the covered or uncovered SEMS and silicone stents, is it possible to introduce more actual case studies so that readers can have a better objective choice when facing with a similar situation?

3. Is it possible to add a section of discussion on the application of Transbronchial Lung Biopsy (TBLB) in the examination of chronic rejection after lung transplantation and the occurrence of Bronchiolitis Obliterans syndrome (BOS)? Though BOS is not considered as a large airway complication after lung transplantation, lesions of the terminal bronchioles are important factors impacting the quality of life and survival time after transplantation. TBLB is widely used in the diagnosis of BOS and chronic rejection, and it is worth discussing.

4. With regard to the application of bronchoscopy following lung transplantation, is it applied as a mean of random examination or regular examination, or only used after complication symptoms appear? Is it possible to make a timetable for postoperative bronchoscopy? Can regular examinations help to detect and deal with tracheal complications early?

### Reply:

1. I agree in the first point. I think my review attempt to give a order and approach to airway

complication treatment. It is not the purpose of this review to give an in-depth reflection on this point.

2. I added some data in page 5, Line 136 and new cite,

3. I included a commentary on chronic rejection and its impact on transplant patients. Page 2, lines 51. I also commented that in our center we do bronchoscopic surveillance at certain periods including transbronchial biopsy and bronchioalveolar lavage. However, the idea of this review is more oriented to central airway complications.

4. I added some data en page 2, lines 51