

Peer Review File

Article information: <https://dx.doi.org/10.21037/ccts-21-29>

Review Comments

Reviewer A

This is a well-written paper dealing with an increasingly therapeutic resource in lung transplant patients. The authors demonstrate their solid background with this issue, presenting an extremely useful and educational text. I enjoyed the reading and strongly recommend its publication.

Reviewer B

In this review, Garcia et al. comprehensively described the use of ECMO at pre, intra and post-operative phase of lung transplantation. The manuscript is easy to read and the sections are well organized. I have some minor comments for the authors to consider. As this is a systemic review, I would also encourage the authors to add more references to the manuscript - some of the places that need references are listed below.

Line 94 is hard to read.

Reply: [Line 94 was reworded.](#)

Line 95, please point out that LAS is for lung allocation in the United States. An important thing that can also be pointed out here is that LAS does not have an ECMO variable (instead, 100% O2 on MV was used as a proxy).

Reply: [Done.](#)

Line 106, add a reference for ECMO technology advancement.

Reply: [a reference for ECMO technology advancement was added.\(1\)](#)

Line 132-133 is hard to read. 2 verbs in one sentence.

Reply: [Line 132-133 was reworded too.](#)

Line 170-171, a reference here would be helpful.

Reply: a reference was added (8)

Line 186-189, reference can make this more informative. For example, "Trudzinski et al. Outcome of Patients with Interstitial Lung Disease Treated with Extracorporeal Membrane Oxygenation for Acute Respiratory Failure. 2016."

Reply: reference was added (11)

Lines 193-196 and lines 203-207 have some repeated information. May consider condensing those sentences.

Reply: those sentences have been condensed.

Line 218, delete "they".

Reply: they" was deleted

Line 240-241, can add a reference of ISHLT lung transplant candidate selection guideline.

Reply: reference was added (15)

Line 246, may add a reference for a review of hypoxia on VV ECMO.

Reply: reference was added (16)

Line 260, add a comma after "overloaded"

Reply: a comma was added after "overloaded".

Line 261, delete the apostrophe after "situations"

Reply: the apostrophe after "situations" was deleted.

Line 263, "unable tolerate" a bit awkward.

Reply: Line 263 was modified as "observe the increase in flow until chugging on the inflow limb of the circuit is noted"

Line 303-304, a reference would be helpful.

[Reply: reference was added \(18\)](#)

Line 352, delete the apostrophe after “patient” and no need for parentheses for CPB.

[Reply: Done.](#)

Line 355-356, need references for association between PGD and CPB.

[Reply: reference was added \(20\)](#)

Line 371-378, please make sure that PGD is used consistently in the paper. PGD and PGF seem to be used interchangeably here.

[Reply: Done.](#)

Congratulations to the authors on this important work!

Reviewer C

I would thank Dr. Garcia et al. for the outstanding article and the excellent use of literature of their article on perioperative use of ECMO. As the authors mentioned there is trend to use of VV ECMO in ILD recipients without severe PHTN undergoing bilateral sequential lung transplant, with some centers in the US using VV ECMO in all their patients with ILD, I am curious to hear the authors insights and center experience about this use, DO they think that the recent excellent outcomes with ECMO use in lung transplant could be related to the extra use of ECMO as extra safety measure? Last what is their thoughts and center experience about the outcomes of Oxy-RVAD use in lung transplant. Again, I congratulate Dr. Garcia et al. for this excellent addition to lung transplant literature.

[Reply: Question was addressed Line -331-339](#)