

Peer Review File

Article information: <https://dx.doi.org/10.21037/shc-23-9>

Reviewer A

The authors presented an interesting review on a very difficult complication in thoracic surgery - bronchopleural fistula. The review is very broad for such an important issue. The authors focused not only on prevention, but also on treatment. The manuscript may be published after a major review. First, it needs a linguistic correction.

Below are some examples:

Line 38 – The research

Line 67 – the mortality

Line 88 – I suggest to skip „of”

Line 129 – low-grade

Line 136 – still remains the best diagnostic option

Line 178 – pneumonectomies

Line 204 – an endobronchial valve

Line 210 – follow-up

Line 210 – maybe “complete” instead of “whole”

Line 221- “an” instead of “and”

Line 229- much technical safety

Line 234 – the right

All these mistakes have been corrected in the revised version.

In several places the sources of quotations are missing, for example in places: The sentences "Since the original..." to "caused by BPF" - lines 77 to 80.

Lines 138-144: sentences from "Major anatomic..." to "by thoracic surgeons". Please add relevant citation sources in the above excerpts.

We added relevant references (n1 and n. 13)

Lines 128-131: Surgical resection represents the best therapeutic option for early-stage fit patients or in low grade tumors [15,16] and may effectively contribute to local control disease in locally advanced stages within a multidisciplinary approach [17] as well as also being considered as a further option in very selected oligometastatic patients [18]. –

this sentence is too long, although it touches on very important aspects. Please divide them into two shorter sentences, for example, and simplify.

We splitted the long sentence into three different shorter sentences to simplify, as suggested. (Revised version lines 113 – 116)

Line 179 – it would be worth writing the p-value or writing whether it was statistically significant.

We added the p – value: $p=0.026$ (revised version line 156).

In your review, I would add two more papers:

- doi: 10.21037/jtd-22-1426,
- doi: 10.1016/j.athoracsur.2007.02.088.

The first shows the results of BPF treatment in a very large thoracic surgery center. The second presents the results of one of the few randomized trials on the treatment of the bronchial stump.

We added the suggested references (32,33)

Reviewer B

Thank you for the opportunity for reviewing this interesting review article regarding postoperative bronchopleural fistula.

The study focuses on postoperative BPF.

1) At first, for readers to easily understand this article, it would be better to separate several sections clearly: etiology, cause, management (surgery, bronchoscopy, and alternative treatments), future perspectives, etc.

1) We highlighted the different sections in the discussion, as suggested: Pathophysiology (lines 121 – 159 Surgical approach lines 160 – 175 Endoscopic treatments lines 176 – 195)

2) I would like to know the optimal timing of the open window thoracotomy (Clagget window) and the possibility of conservative therapy for postoperative BPF because BPF can sometimes spontaneously heal only by drainage. I would like to know the difference between postoperative BPF and other BPF.

2a) With regard to OWT timing, major bronchial disruption would require a timely procedure, before severe infections might develop; on the contrary, in case of small caliber fistula, potentially amenable of endoscopic approach, OWT should be considered only after minimally invasive approach failure. (revised version, lines 162 – 165)

2b) BPF may also occur in non-surgical scenarios, like end-stage neoplastic disease, advanced infectious diseases like tuberculosis and following major thoracic traumas. (revised version, lines 126 – 128)