

Peer Review File

Article information: <https://dx.doi.org/10.21037/amj-23-99>

Reviewer A:

Comment 1: In lines 29 and 55: there's a spelling mistake with the word "inestability".

Response 1: We are unable to find "inestability" but have confirmed that instability is correctly spelled in line 32 and 62 which we presume

Comment 2: In line 78: I would suggest to rephrase the sentence like: " while others stratify quantifying the volume of bleeding over 24 hours".

Response 2: We have made this change

Comment 3: In line 110: I would suggest the term decreased instead of improved.

Response 3: We have made this change

Comment 4: In lines 127-128: choose between the options, I would recommend the term " on the other hand".

Response 4: We have chosen conversely based off reviewer 2's suggestion

Comment 5: In line 154: I would recommend to remove the comma between the words "continued and versus"

Response 5: We have removed the comma

Comment 6: In line 205: I would advise to use a comma instead of or between the terms pulmonary and cardiac.

Response 6: We have inserted a comma in lieu of "or"

Comment 7: In line 216: I would use the term computed tomography angiography instead of angiogram.

Response 7: We have changed angiogram to angiography

Reviewer B:

Comment 1: Line 30: consider revising this sentence, it is easily misinterpreted that life-threatening hemoptysis is usually fatal. Consider: "Fatalities from life-threatening hemoptysis is typically the result of hypoxia from asphyxiation and not from exsanguination." Which is similar to lines 52-53.

Response 1: This is mentioned in line 32-33

Comment 2: Lines 66-67, consider: "...the bulk of the existing literature is comprised of single center, retrospective reports with small sample sizes often with heterogenous patients."

Response 2: We have updated the language to reflect the suggested wording

Comment 3: Lines 127-128, recommend Conversely.

Response 3: We have updated with Conversely

Comment 4: Line 192, could authors clarify, “vascular anastomosis” does this mean increased collateral circulation?

Response 4: We have added in collateral to read vascular collateral anastomoses

Comment 5: Line 196, consider, “based on the underlying etiology.”

Response 5: We have made this change

Comment 6: Lines 212-220 - Consider adding a recommendation about reviewing old imaging if possible. In the era of the EMR, the images or the radiology reports may be available to help guide a diagnostic plan.

Response 6: This was mentioned in line 204 and then added a statement in line 210-211

Comment 7: Lines 215-1-218, consider adding a caveat that the patient must be stable for transfer to radiology prior to obtaining a CTA. This may require securing the airway or placing a blocking catheter prior to transfer.

Response 7: We have added in a caveat in lines 212-214 on the importance of this

Comment 8: Line 235, consider, “...diagnostic accuracy in identifying the etiology compared with CT (49).”

Response 8: We have added “the” to this phrase

Comment 9: Line 239, consider, “Ultimately, patient characteristics, resources and expertise availability with guide diagnostic and therapeutic choice.”

Response 9: We have updated the verbiage to reflect this

Comment 10: Line 263, consider, “The right upper lobe bronchus can be occluded by the ETT balloon.”

Response 10: We have added bronchus

Comment 11: Lines 311-319, many thoracic surgeons and interventional pulmonologists use a combined technique of suspension laryngoscopy which can allow for simultaneous flexible bronchoscopy with use of rigid bronchoscopic instruments.

Response 11: We have added this comment in lines 303-305

Comment 12: Consider adding a paragraph about treating identified causes of hemoptysis once the patient is stabilized. Such as anti-fungal agents for mycetoma, anti-TB therapy or definitive oncologic management for malignancy.

Response 12: We have added a short paragraph addressing this in lines 429-432

Comment 13: Lines 433-451, Consider a statement that if surgery is necessary the above maneuvers can be temporize the patient and allow for elective or semi-elective procedures once the patient has

recovered from the initial insult.

Response 13: We have added a statement regarding this in lines 426-428

Comment 14: Tracheo-innominate fistula after tracheostomy is a common cause of hemoptysis in critically ill patients. Bleeding after a recent tracheostomy may represent a herald bleed. The authors should consider a brief description of the diagnosis and management of that life threatening event.

Response 14: We have added a brief paragraph to address this clinical entity