

Peer Review File

Article information: <https://dx.doi.org/10.21037/amj-23-117>

Reviewer A:

Comment 1: Authors state that complications are frequent then state that the rate is "only 3.9%". Seems contradictory.

Reply 1: It's the procedural complication of 3.9%, we specified in the manuscript

Comment: 2 Were deaths related to infection or progression of disease or some other etiology? This should at least be explored.

Reply 2: No causation was mentioned but reported increased incidence of death amongst select patients.

Comment 3: over how much time? That is important. Given enough time, all stents will get infected.

Reply 3: The reference quoted could not be found and has been removed, hence the comment was not addressed.

Comment 4: Antibiotics for prophylaxis or treatment?

Reply 4: The reference quoted could not be found and has been removed, hence the comment was not addressed.

Comment: 5 How was infection defined?

Reply 5: There is no consensus on the definition, we propose a definition, and multiple prior studies are urging us to propose a definition as well.

Comment 6: There is heterogeneity in the rates and incidences of infection reported in these studies, likely due to difference in study design. This should be mentioned and described so that it is clear why there are differences.

Reply 6: the results were heterogeneous because of difference in the patient population, stent used etc.

Comment 7: is this in the airway?

Reply 7: in the stent, manuscript has been updated to reflect.

Comment 8: Do the authors have a definition they can suggest?

Reply 8: we made a suggestion to reflect the comment

Comment: 9 More details on the latter study may be helpful about Lee et al

Reply: Updated the study details.

Comment: 10: to prevent stent placement???

Reply 10: stent infection

Comment: 11: There is MUCH more data (albeit low quality) regarding alternative types of stents that could reduce infection risk-- for example, 3D printed stents (at least theoretically, but should be mentioned). Regarding DES, studies include Chao (Chest, 2013), Zhu (Laryngoscope, 2011), Walter (Int J Pharm 2104), Hohenforst (J Cancer 2016), Zarogoulidis (2013). Regarding biodegradable stents, Fuehner (Transplant Int, 2013). There may be others. This section needs to be more thorough.

Reply 11: Took all your suggestions and updated the future directions section with 3D, Biodegradable etc.

Reviewer B:

Comment: Line 79 and 86 references are missing.

Although the topic is interesting, authors need to cover literature in a more extensive way including more recent and informative reports such as Shanghai Chest 2020;4:6 | <http://dx.doi.org/10.21037/shc.2019.11.02> or even Respiration 2018;95:44-54 and BMC Pulm Med 2019;19:33.

A reference on the evidence of inhaled antibiotic for prevention of recurrent microbial infections in airway stent holders especially in lung transplant recipients should also be attempted (Ann Am Thorac Soc Vol 11, No 3, pp 425–434, Mar 2014)

Reply: The literature was reviewed and was updated quite extensively.