

Review Comments:

The authors present a review of the management of benign central airway obstruction across a wide variety of disease pathologies. This is a clinically relevant topic and would be of interest to readers. However I believe major revisions are required

Comment 1: The first portion of the manuscript (Lines 1 to 116) reads like a “How I Do It” paper that is under-cited. The authors make many statements on the merits of various evaluation and management strategies but offer no citations to support these claims.

Response 1: We have updated this portion to contain more references (increased from 4 to 23 references). We have removed portions that read like a “How I Do It” in favor of statements supported by the cited literature.

Comment 2: The writing in this first portion is also subpar. The sentences structures are unnecessary complex and often grammatically incorrect. It does not read well and I strongly recommend rewriting this portion or use a manuscript editing service.

Response 2: In addition to the updates from response 1, we have extensively re-written the first portion and simplified sentences. The grammar has been reviewed and updated.

Comment 3: A “How I Do It” portion is better served at the end of a review manuscript, after evidence-based review of disease pathology and treatment strategies have been presented.

Response 3: This section was removed from the initial portion of the manuscript, there is a brief section with “how I do it” at the end of the manuscript.

Comment 4: Given the aforementioned critiques of the first portion of the manuscript, I will focus further comments on the second half of the manuscript that requires less work

Response 4: N/A

Comment 5: Line 133: “4.9 cases per million per year”, please clarify the units for “per million”

Response 5: Now line 177; has been updated to “4.9 cases per million people per year”

Comment 6: Line 140: Please offer citation on description management of A-frame deformities.

Response 6: This has been removed entirely.

Comment 7: Line 152: “also has been studied and shows” is wordy and redundant.

Response 7: This has been reworded. It is now line 215 and reads “has also demonstrated”

Comment 8: Line 154: “has been studied, and” is wordy and redundant.

Response 8: This section has been expanded in response to another comment and this phrase removed. The corresponding paragraph is 218-228.

Comment 9: Line 158-160: This sentence is poorly constructed and should be rewritten.

Response 9: Corresponding is now lines 232-242: We have removed and rewritten this sentence as two separate sentences for clarity.

Comment 10: Line 165: LVAD has not be previously defined as an acronym.

Response 10: Lines 255-256– acronym has now been defined.

Comment 11. Line 179: What does it mean for the patient to be doing well. How long was the interval assessment period?

Response 11: Lines 270-271: Interval assessment period and clinical status have been updated.

Comment 12: More commentary should be given to the management of idiopathic SGS including ablative strategies utilized more commonly by our ENT colleagues including a COBLATOR tool, CO2 Laser mucosal resection etc.

Response 12: We have added additional references to this section to reflect the ENT approach and included descriptions or data regarding the use of RF coblation as well as laser resection (references 68,69)

Comment 13: Line 195-197: This sentence needs a citation.

Response 13: Corresponding lines 324-327: A citation is now listed (Reference 78)

Comment 14: Line 250: In the management of infectious causes of central airway stenosis, you must talk about TB-associated airway pathology. This is a common issue in the developing world.

Response 14: We expanded the section on endobronchial TB (lines 444-454).

Comment 15: Line 293: The formatting of this section is odd compared to the prior sections. This section uses subheaders A/B/C whereas the prior sections all just utilized paragraphs.

Response 15: This has been reformatted to mirror the other sections.

Comment 16: Line 309: I do not consider pulmonary carcinoid tumors to be benign airway lesions and the management is much more similar to the management of malignant central airway obstruction.

Response 16: This section has been removed.

Comment 17. Line 331 and Line 345: There are two “case 4s” in this section.

Response 17: This has been renumbered for accuracy.

Comment 18. Line 343: Section D needs a citation

Response 18: A citation has been provided; Line 504/Reference 143.

Comment 19. Line 403: The management of transplant airway complications is a major component of benign airway disease management for interventional pulmonology programs affiliated with a transplant center. This section should be expanded.

Response 19: This section was expanded in both text and references.