

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Critical Care Medicine*

**Manuscript NO:** 84152

**Title:** Acute Exacerbation of Interstitial Lung Disease in the ICU: Principles of Diagnostic Evaluation and Management

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 00502802

**Position:** Peer Reviewer

**Academic degree:** DNB, FCCP, MBBS

**Professional title:** Director, Doctor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** United States

**Manuscript submission date:** 2023-02-27

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-03-13 06:33

**Reviewer performed review:** 2023-03-15 15:22

**Review time:** 2 Days and 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

I read with great interest the manuscript entitled “Acute Exacerbation of Interstitial Lung Disease in the ICU: Principles of Diagnostic Evaluation and Management”. The manuscript intends to discuss the management of AE-ILD. However, there are certain issues which I would like to highlight 1. There are certain grammatical and typographical errors which need correction, especially in the Abstract and the core tip. 2.

Introduction: “The idiopathic ILDs can be further distilled into 3 compartments:..” Pls rephrase this line. 3. Introduction: 2 paras have been dedicated to CT scan in the introduction. It may be put in the workup where again CT scan has been discussed in detail. 4. Triggers: “The incidence of AE-IPF is up to 15% per year, depending on the cohort studied. However, in several recent IPF trials, there was a reported incidence of 2-15% per year” Pls rephrase this sentence. 5. ECMO: Please rephrase this sentence “In summary, outside of patients with a clearly reversible cause (e.g., infection or pulmonary embolism) or those suitable for transplant, ECMO should not be offered, given the associated morbidity and economic implications”. 6. Lung transplant: Please rephrase this sentence “Pre-transplant IMV and ECMO have known risk factors for

adverse post-transplant outcomes...” 7. Classification of DPLD has also been labelled as “Table 1” 8. None of the tables have been mentioned in the text. 9. Several words are repeated throughout the manuscript even though their short forms were introduced when they were first mentioned. 10. Overall, this seems to be narrative review rather than a clinical review. Would suggest adding some clinical evidence, literature review and provide some suggestions for managing these patients based on the data. 11.

Adding a table on the available therapies, including dosage, indications and side effects, may be helpful for the reader.

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**Reviewer's code:** 00504055

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

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**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-03-21 23:23

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

ILD is a heterogeneous disorder affecting the lungs. AE-ILD represent an acute, frequent and often highly morbid event in the disease course of ILD patients. Admission in the intensive care unit (ICU) is very common. Management can be viewed as a multi-faceted approach that is mainly comprised of supportive care for respiratory failure. Specific comments are presented below. 1. In Definition, the authors seem to have repeated statements, such as “but defined AE-IPF as an “acute, clinically significant respiratory deterioration characterized by evidence of new widespread alveolar abnormality typically less than one month’s duration.” Currently, an acute exacerbation (AE) of IPF is defined as an acute, clinically significant respiratory deterioration characterized by evidence of new widespread alveolar abnormality typically less than one-month duration”. 2. In Triggers, the authors discuss differentiate between rapid deterioration (RD) and AE of ILD. How does progressive pulmonary fibrosis (PPF), a new concept, differ from AE-ILD? 3. “Finally, there is the added advantage of the patient able to eat and communicate with HFNC versus IMV.” Are these advantages of HFNC compared to IMV or NIV? 4. Reference: there is a very relevant publication recently, how does your



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review compare to this one? Charokopos A, Moua T, Ryu JH, Smischney NJ. Acute exacerbation of interstitial lung disease in the intensive care unit. World J Crit Care Med. 2022 Jan 9;11(1):22-32. 5.The authors show two Fig.3? 6.In Table 1, the authors show errors in details and unclear abbreviations, such as HHFNC and ECLS.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Academic degree:** DNB, FCCP, MBBS

**Professional title:** Director, Doctor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** United States

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**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2023-04-19 13:45

**Reviewer performed review:** 2023-04-19 17:35

**Review time:** 3 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

No further changes from my side