December 31, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14327-edited_v1.doc).

Title: Primary Pneumothorax: Should Surgery be offered after the First Episode?

Author: Alan D. L. Sihoe, Peter S. Y. Yu, Jerry W. L. Yeung

Name of Journal: *World Journal of Respirology*

ESPS Manuscript NO: 14327

The manuscript has been improved according to the suggestions of reviewers and all changes have been marked in red. Our responses to all the reviewer comments point-by-point are as follows:

EDITOR

1. Please offer the postcode! Thank you!
    - There is no postcode in Hong Kong.
    - No changes made.
2. A conflict-of-interest statement is required for all article and study types.
    - There are no COI on the part of all authors.
    - We have added the statement in the revised version.
3. Please write a summary of less than 100 words to outline the most innovative and important arguments and core contents in your paper to attract readers.
    - We acknowledge this request.
    - We have added a 'Core Tip' section of 97 words as follows: "*Traditional guidelines advise that surgery is unnecessary for patients suffering a first episode of primary pneumothorax. However, such thinking was based on an incomplete picture of the frequency of recurrence and on older, relatively traumatic surgical approaches. Today, advanced surgical techniques allow effective bullectomy and pleurodesis to be safely delivered with only minimal morbidity or inconvenience to patients. Evidence is also emerging that recurrence may be more common than previously believed. It is perhaps time to allow clinical practices to catch up with modern medicine, and to consider surgery even after a first episode of primary pneumothorax*."
4. Pleased provide PubMed citation numbers for the reference list, e.g. PMID and DOI.
    - We acknowledge this request.
    - The citation numbers have been added in the References as advised.

REVIEWER 00711004

1. The writing style of the manuscript is more like an essay or expert opinions. It is suggested that the authors may re-organize the manuscript in terms of the structure of a scientific or clinical review: such as introduction, current status and debates, recent major advances, revisit current management, future research topics, and conclusion or learning points. In addition, it is recommended to reduce the subjective opinions from the authors instead adding more objective data or tables from existing studies.
    - With all due respect to the reviewer, this manuscript was solicited as an Invited Article. We have therefore written this accordingly as an expert update article – and *not* as a traditional review (which in our opinion would be bland and uninteresting for readers). As the reviewer insightfully notes, this article was written precisely to be provocative and to stir debate using available relevant evidence – as far as we are aware, we have not used any subjectivity that is not supported or prompted by clinical data. We do agree fully with the reviewer that tables would make an excellent contribution to this paper.
    - We have added Tables 1 and 2 to this paper, and amended pages 8 and 12.
2. This review lacks of a section regarding the current (state-of-the-art) clinical management guidelines and the recommended treatments for PSP, which is categorized in terms of the stability and the acuteness of the patient, the size and the recurrence of PSP, etc. VATS is only one of the recommended treatments for PSP under certain conditions. By a discussion of the shortcomings of current management of PSP, it makes sense to revisit and thus revise the current management scheme for PSP.
    - As with most clinicians, we view the management of PSP in 2 phases: acute and definitive. Acute management is the initial care of the patient presenting with pneumothorax. Definitive management is the prevention of future recurrence once the presenting situation has been adequately managed. We appreciate how the reviewer may have been confused. What the reviewer is referring to in this comment is strictly about acute management. We neither focus nor challenge current guidelines on acute management in this article, but instead focus on the role of surgery – a definitive management option. For this reason, any attempt "to revisit and thus revise the current management scheme for PSP" is irrelevant and beyond the scope of this paper.
    - In recognition of the misunderstanding that the our writing may have caused, we have added the following to page 5: "In this article, we do not discuss the acute management of PSP. We advise adherence to the latest international guidelines for initial management [2, 8]. Instead, we propose a challenge to traditionalist views on definitive management with strategies to prevent recurrence."
3. Is it a general consensus that VAST should be clinically offered to all PSP patients including first and recurrent episodes? If not, please discuss other opinions and the status of any multi-centric clinical trials on this topic if any.
    - Again, we respectfully point out that this article only focuses on *definitive* management.

With definitive management, there are indeed other options (regardless of whether it is the first or subsequent episodes). We have already discussed these in the section sub-titled "Are there any remaining excuses not to offer surgery?"

- No changes made.

4. minor comments: 1) P3, last paragraph: "the prevailing dogma is the medical ..." check the sentence.
    - We thank the reviewer for pointing out this typing error.
    - The word "is" has been replaced by the word "in".

REVIEWER 00608185

1. This manuscript was interesting, however, there were few data to show whether immediate operation was necessary or not. The author should demonstrate above points through the comprehensive tables or figures.
    - We thank the reviewer for the kind comment. This article was written as an update/opinion article to provoke thought, discussion and debate. There is evidence (as we already provided in 67 references), but it is admittedly not a huge volume. However, that is perhaps the point: this is a field that needs more evidence, and it is partly our intention that this article may stimulate more study in this area. We totally agree with the reviewer regarding Tables, and feel these may contribute to improving the paper for readers.
    - We have added Tables 1 and 2 to this paper, and amended pages 8 and 12.

REVIEWER 00608210

1. This is a review, not expert's opinion. Therefore, the authors should give more detail and summarize about pro and con of conservative management of PSP. The authors should compare in numeric of conservative management vs blebs excision vs blebs excision + pleurodesis vs pleurodesis. Moreover, please compare the success rate in numeric of medical and surgical pleurodesis. In addition, please provide the success rate in numeric of new surgical techniques (page 4-8). Besides, the authors should review data by themselves, not review of the review (for example; the natural history of PSP in page 10).
    - With all due respect to the reviewer, we would point out that this manuscript was solicited as an Invited Article. It is not an unsolicited, self-submitted review. We have therefore written this accordingly as an expert update article – and *not* as a traditional review (which in our opinion would be bland and uninteresting for readers). Regarding the suggestions about the comparisons, we would respectfully say that these fall beyond the scope of this article. The roles of VATS, bullectomy, and pleurodesis are already well established in clinical practice over many years – and these are indeed standard practices the world over. In our opinion, it is redundant and irrelevant to repeat the volumes of literature that support what is already standard, medical-student level knowledge. It is with this in mind (and for the sake of keeping this article to a

manageable length) that we have précised other reviews ('review of reviews') to summarize the more mundane, established points made in this paper. We have instead focused more attention on the key, central messages of this article: that recurrence rates after a first episode of PSP are not as negligibly low as previously thought, and that 'next generation' surgical techniques can potentially reduce thresholds for acceptance of surgery. We hope that the reviewer can appreciate this, and that our writing and choice of references was a deliberate effort to stay on message, with minimal distractions included. We do, however, fully appreciate the reviewer's excellent advice about providing data on the new surgical techniques, and have added Table 2 in direct response to the reviewer's comment.

- We have added Tables 1 and 2 to this paper, and amended pages 8 and 12.

We wish to take this opportunity to further add that we the authors are *native* English speakers. Our English – barring any typographical error – is flawless and needs no correcting or editing.

Sincerely yours,

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