

All corrections have been bolded in the manuscript for easy identification.

Reviewer #1: This review aims to examine the timing of tracheostomy procedures performed in COVID-19 patients by summarizing the relevant data. While the available data was limited, they found the majority of data support delaying the tracheostomy for the first two weeks of intubation. The paper is well organized and it's well written, I agree to publish in this journal.

Answer: We appreciate the reviewer for reviewing our manuscript and providing us with a very positive feedback

Reviewer #2:

1. The English need improvement since there are few grammatical and syntax errors in the manuscript (For example, the words “that were” may be as “were”; “a severe” as “severe”; “nasal” as “a nasal”; “a variability” as “variability”; “timing” as “the timing”; “impact” as “their impact”; “tracheostomy” as “a tracheostomy”; “Authors” as “The authors”; “A study” as “In a study”; “in the” as “to the”; “mean time” as “the mean time”; “last” as “the last”; “onset” as “the onset”; “proceeding with tracheostomy” as “proceed with a tracheostomy”; in the table “if patient” as “if the patient”; “laryngeal” as “a laryngeal”; “emergent” as “the emergent”; “is prognosis” as “if the prognosis”; “decrease risk” as “decrease the risk”; “Mortality” as “The mortality”). The grammar mistakes which are not mentioned here also to be checked and corrected properly.

Answer: We appreciate the reviewer for making very important suggestions. All the grammatical errors have been corrected

2. There are some typing mistakes as well, and authors are advised to carefully proof-read the text (For example, the words “ventilator associated” may be as “ventilator-associated”; “pattern” as “patterns”; “theaters” as “theatres”; “disease,” as “disease”; “60 day” as “60 days”; “study most” as “study, most”; “respirator” as “respiratory”; “follow-up” as “follow-ups”; “outweigh” as “outweighs”; “mean time” as “meantime”; “aerosol generating” as “aerosol-generating”; “in general” as “, in general,”; in the table “post procedure” as “post-procedure”; “avoids” as “avoid”; “Case specific” as “Case-specific”). The typos not mentioned here also to be checked and corrected properly.

Answer: All the syntax errors have been corrected

3. Check the abbreviations throughout the manuscript and introduce the abbreviation when the full word appears the first time in the text and then use only the abbreviation (For

example, ICU, Otolaryngology-Head and Neck Surgery - AAO-HNS, etc.,). And it should be in both abstract as well as in the remaining part of the manuscript.

Answer: All the abbreviations are spelled out the first time of its use.

4. In the introduction, the authors may include the recent data related with diagnosed case and mortality up to June, since it has been given only up to April.

Answer: Most up to date case numbers have been provided.

5. The authors are encouraged to mention the percentage uniformly along with the numbers of individuals or patients since in few parts it has been mentioned. And also the number of cases may be mentioned uniformly either in figure or words.

Answer: Percentages have been added with numbers throughout the manuscript

6. The table and figure legends should be improved and a proper footnote should be given. All legends should have enough description for a reader to understand the table and figure without having to refer back to the main text of the manuscript.

Answer: Supplemental materials have been given more explanatory descriptions

7. The limitation of the present review may be given separately before the conclusion derived.

Answer: Limitations have been added to the discussion section.

8. The references are not arranged properly in a uniform format and they should be carefully checked and corrected as per the journal instructions. For example, in the table, the authors are mentioned the author name with initial and it should be removed. And also the back references are not attached with the manuscript and it should be included properly.

Answer: References have been attached.

Reviewer #3: This is an interesting and timely paper evaluating the issue of timing of tracheostomy in mechanically ventilated COVID-19 patients. Could the authors please respond to the following questions/comments:

1) The authors report all the different types of studies that they have identified and describe the findings. However, all these studies reported do not have the same value given the different methods used. The authors should either decide on a more systematic review of the available (limited) literature or add in the discussion a significant part regarding the limitations of the study which has to do with the limitations of the studies reported.

Answer: We appreciate the reviewer for taking time to review our manuscript and providing us with very valuable comments. We agree with the reviewer that our review is based on availability of limited data on the topic. This has been addressed as a limitation of the study in the discussion section. Studies gathered for this review were of varying quality. Due to the novelty of the virus, researchers were limited in the number of participants that were able to be included in the study prior to publication. All eligible studies were included in this review regardless of quality due to a lack of available content.

2) In the discussion, the authors mention the benefit for healthcare providers if one is to wait after the transmission period. However, as important as this argument could be for healthcare providers, it is not what should determine patient-oriented decisions.

Answer: The best strategy is to provide optimal patient care in the safest environment. As mentioned in the manuscript, early tracheostomy in non-COVID-19 patients has some benefits if the patient requires prolonged mechanical ventilation. However, at this time not enough data is available to show the significant benefits of early tracheostomy in mechanically ventilated COVID-19 patients. Therefore, waiting two weeks to perform a tracheostomy may not only be beneficial for the patient but also for the provider since a provider can unknowingly become infected with COVID-19 and then put a number of other patients and staff at risk. This is why the recommendation for waiting until the transmission period had passed was taken very seriously. If early tracheostomy is required, it can be performed with proper PPE.

3) In the discussion, the authors mention in a sentence what the majority of studies (of varying quality) mention. They should elaborate on this, discussing in more detail the rationale, the questions and lessons learnt from other similar situations.

Answer: This has been added to the discussion. Various studies mention the complications associated with delaying tracheostomies [17, 21, 29]. Complications can be related to early or late procedure, severity of disease, comorbidities, type of tracheostomy performed, where the procedure was performed, and individual patient demographics. Many sources discussed the risk to providers performing tracheostomies on patients. The waiting period of a minimum of 14 days was mostly implemented to wait for the infectious period to pass in order to protect healthcare providers. However, in the studies that allowed early tracheostomies, there was no presentation of COVID-19 infection in providers from performing the procedure with proper PPE.

1 Scientific quality: The manuscript describes a systemic review of the timing of tracheostomy in mechanically ventilated COVID-19 patients. The topic is within the scope of the WJCCM. (1) Classification: Grade B and two Grades C; (2) Summary of the Peer-Review Report: This is an interesting and timely paper evaluating the issue of timing of tracheostomy in mechanically ventilated COVID-19 patients. The questions raised by the reviewers should be answered; (3) Format: There is 1 table and 1 figure; (4) References: The reference list is missing; and (5) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade A and two Grades B.

3 Academic norms and rules: No academic misconduct was found in the Bing search.

4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCCM.

5 Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions; (2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and (3) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.

Answer: Author Contributions is on the title page. Article highlights are on the final text page. Supplemental PowerPoint has been included.

6 Re-Review: Not required.

7 Recommendation: Conditional acceptance.