

Response to Reviewers

We very much thank the editors and reviewers for the thoughtful review of our manuscript. Please find a systematic response to these comments.

Reviewer 1

Comment 1: Author described various extrinsic inducements, diagnostic evaluation, mechanical ventilation and treatment of AE-ILD. But, author's title was AE-ILD in ICU. Author should show special part of ICU in their manuscript.

Response: We kindly disagree with this comment. Acute exacerbations of interstitial lung disease (ILD) are almost always accompanied by a hospital admission. As seen in many papers, the majority of hospitalized patients end up in the ICU. In this review, we summarize all clinical information that is known for acute exacerbations and include specific ICU sections such as “To intubate or not to intubate?” and “Optimization of mechanical ventilation”.

Comment 2: Author compared mortality of MV and NIV. However, non-invasive ventilation (NIV) was a type of mechanical ventilation (MV).

Response: While in the United States the abbreviation mechanical ventilation (MV) is used synonymously as invasive mechanical ventilation (IMV), we appreciate the reviewer's comments and recognize that many of our readers will be international. We have substituted “mechanical ventilation (MV)” with “invasive mechanical ventilation (IMV)” (see page 6, paragraph 2; page 7, paragraph 1; page 8, paragraph 1; page 21, Fig 1 & Legend).

Comment 3: There were so many mistakes in manuscript, such as fibrotic LD, proning and so on. The present tense and past tense were used in the same section.

Response: We have changed “fibrotic LD” to “fibrotic ILD” (see page 7, paragraph 2). “Proning” is a very commonly used word in all ICUs that refers to making intubated patients achieve prone position. We refer the reviewer to the following website by PennMedicine (the hospital of the University of Pennsylvania): <https://www.pennmedicine.org/updates/blogs/penn-physician-blog/2020/may/proning-during-covid19>

We have reviewed the manuscript for grammatical accuracy and made corrections.

Comment 4: Some special terminology should be more precise, such as high-resolution computed tomography (CT), connective tissue disease ILD and so on.

Response: To our knowledge high-resolution tomography (CT) is a precise term. We have substituted “connective tissue disease ILD” with “connective tissue disease-associated ILD” (see

page 9, paragraph 1). Based on the article below from the Journal CHEST, this is precise terminology:

Vij R & Strek ME. Diagnosis and Treatment of Connective Tissue Disease-Associated Interstitial Lung Disease. *Chest*. 2013 Mar; 143(3): 814–824.

Comment 5: Author didn't understand the format of review, the background and searching method were absent in this manuscript.

Response: We have included an appropriate background (see page 3, paragraph 1). We have not added a “search section”, as this was not required in this type of manuscript.

Reviewer 2

Comment: It's a well summarized review. author has done a dramatic task of presenting such topic in easy and understandable language.

Response: We appreciate the reviewer's approval and endorsement.

Science editor

Comment: References: A total of 85 references are cited, including 13 references published in the last 3 years; (5) Self-cited references: There are 10 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated.

Response: Although we agree with the topic of self-citations, in this case, the self-cited references add valuable contributions to the topic at hand and thus, we request to keep the complete reference list.