

Author response to reviewers:

Dear Editor and Reviewers:

Thank you for giving us the opportunity to revise our manuscript. We have carefully read the critiques from the reviewers and incorporated their comments into the text. We hope this revised manuscript is improved and hope to have the chance to report our findings in the Journal.

Reviewer 1 :

The authors sought to explore the efficacy of airway stenting for TGAF patients and find related factors with healing of fistula. TGAF is really rare and challenging for most surgeons. Dr Wang et al analyzed potential factors coupled with healing of fistula based on a larger patient data. This study has great clinical value and has clinical hints for surgeons in this field, especially stent type consideration. Overall, this is a well done study. However, there are some questions before further consideration.

1. Authors described two types of prognosis, but they only demonstrated "healing" in the manuscript. So, it is imperative to provide figures demonstrating "complete sealing".

Reply: Thank you for your kindly suggestions. We have added two pictures in the revised manuscript. Fig 2 is supplemented as a representative one for complete sealing, and Fig 3 as typical ones with complications.

2. In the section of methods, authors did not choose silicon stents when trachea was larger than 20 mm. Why authors only chose metallic stents, not silicon ones.

Reply: Thank you for your comment. The reviewer does point out an important technique question. The silicon stent with the largest diameter in China is only 20 mm, so we have to choose metallic stents.

3. In the section of methods, the iodinated-water contrast swallow test was performed between the 5th and 7th post-treatment day. Why authors selected this time-point, not an earlier one.

Reply: We appreciate your comments. Silicon and metallic stents are round in shape, but human trachea is not round consistently. Stents will more closely fit and contact with the trachea. Therefore, it is between the 5th and 7th day post-treatment that patients receive the iodinated-water contrast swallow test.

4. "J-shaped stents" should be replaced by "L-shaped stents" or "hinged covered metallic stents"

Reply: We agree on the suggestions. We have replaced "J-shaped stents" with "L-shaped stents".

5. Page 4, Line 33, "feeding gastrostomy" should be replaced by "nasojejunal feeding tube"

Reply: We thank the reviewer for the advice. We have replaced "feeding gastrostomy" with "nasojejunal feeding tube".

6. Page 7 ,Line 27, “the oral contrast under X-ray” should be replaced “Uppergastrointestinal radiography”

Reply:We appreciate the reviewer’s suggestion. We have replaced “the oral contrast under X-ray” with “Uppergastrointestinal radiography”.

6. In the section of methods, the selection criteria for the length and diameter of thestent should be described

Reply: Thank you for your advice. We have added the selection criteria in the section of methods.

7. In the section of discussion, you should discuss the advantages and disadvantagesof airway stenting under endoscopy and fluoroscopy.

Reply:The reviewer gives us much insight for the discussion. We have added advantages and disadvantagesof airway stenting under endoscopy and fluoroscopy in revised section of discussion.

Reviewer: 2

Comments to the Author

We thanks the authors for the article entitled “Single application of airway stents in thoracogastric-airway fistula : results and prognostic factors for its healing.”

The authors presented a retrospective study to study the effectiveness of airway stenting for TGAF patients and find related factors with healing of fistula.

The authors presented successful results and the complete sealing of fistula was found in 45 (77.6%) patients, this is an exciting result. A shorter post-esophagectomy duration may predict a better TGAF healing, this finding is also helpful for clinical practice.

This paper has a high contribution to medical literature, which may be of interest to readers. The study focus on metallic stent and silicon stent is quite interesting, however, some problems should be clarified first as below.

1. Radiologic removal of these metallic stents and surgical removal of the silicon stents under general anesthesia with rigid bronchoscope have to clarify it .

Reply : We thank the reviewer for your insightful comments. We have added the procedures for removal of metallic and siliconstents in the revised version.In brief, silicon stents can be repositioned, removed and replaced at any time with ease usingstandard grabbing forceps through a dedicated rigid bronchoscopeunder general anesthesia. Metallic stents can be pulled up through recycle-line underflexible or rigid bronchoscopy.

2. Only one figure is not sufficient, figures of metallic stents, the place/ removal procedure, or complications of stents should be provided.

Reply: As recommended by the reviewer, we have revised and supplemented figures. Fig 2 and Fig 3 have been added in the revised manuscript.

3. A total of 58 TGAF patients were studied. Healing was achieved in 20 (34.5%) patients and complete sealing in 45 (77.6%) patients. Why the total percent is not 100%, please justify it.

Reply: We are sorry for confusions. Please give us an opportunity to make it clear. We adopt different criteria for healing and complete sealing. Complete sealing of TGA was defined as no cough upon drinking water, no contrast flowing into the airway under iodinated-water esophagography, correct stent position, with or without the persistence of an orifice. So, healing patients were included in those with complete sealing (77.6%). Incomplete sealing was observed in 13 patients (22.4%). The total percent of complete sealing plus incomplete sealing is 100%. We apologize again for confusions.

4. There are a lot of grammar and spelling errors in English. The English language should be revised.

Reply: We thank the reviewer for the kind comments and suggestions. The manuscript has been revised by a native English speaker.

Sincerely

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