

Comments to the Author

This study evaluated the efficacy of adjunctive aerosolized colistin (AS colistin) to IV colistin with LD. Because treatment options are limited in the treatment of CRGNB infection, this study results are important to clinicians. The conclusions of this study were 1) IV colistin with LD was not more effective than IV colistin without LD, 2) AS colistin when it combined with IV colistin with LD reduced 30-day mortality compared with IV colistin alone, 3) AS colistin and IV colistin with LD (AS-LD) did not increase nephrotoxicity. An interesting point of this study is that dose of AS colistin was higher than those of most previous studies (450 mg/day vs 60 ~ 300 mg/day). The daily dose of AS colistin should be emphasized and reviewed in the Discussion section. The paper is well written and easy to follow.

Minor comments

1. AS colistin is usually not effective in non-intubated patients. All patients with HAP received mechanical ventilation in this study. In the Methods section, the sentence such as "AS colistin was administered only in patients who received mechanical ventilation" should be added. In addition, there is a confusing description for methods of colistin inhalation (line 55-60, page 8). Did some non-intubated patients receive AS colistin using a jet nebulizer?

2. Page 11, Line 50-53: The daily median dose of IV colistin is not correct (wrong unit, mg/day). "mg/kg/day" is probably correct.

3. Page 12, Line 23-27: Adjunctive AS colistin to IV colistin (not AS colistin alone) was significantly associated with lower mortality.

4. In Table 3, 30-day mortality in the non-LD IV group is not correct (36% to 46%). In addition, the definition of clinical response and microbiological response included recurrence, clinical failure, and microbiological recurrence, failure, respectively. Therefore, clinical failure and microbiological failure should be added in Table 3.

5. In Table 5, the unit of IV colistin dose is not correct (from per mg/day to per mg/kg/day).

6. In the Discussion section, I suggest more discussion about AS colistin (higher dose than previous studies) rather than about colistin LD.

7. Page 16, Line 4-10: "Adjunctive AS colistin to IV colistin with LD was related to improved microbiological and clinical outcomes without an increase in nephrotoxicity." However, the meaningful clinical effect of adjunctive AS colistin was only a decrease in 30-day mortality.