

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Safety and feasibility of lung biopsy in diagnosis of acute respiratory distress syndrome: protocol for a systematic review and meta-analysis
<b>AUTHORS</b>	Fukuda, Yosuke; Sugimoto, Hiroshi; Yamada, Yoshie; Ito, Hiroyuki; Tanaka, Takeshi; Yoshida, Takuo; Okamori, Satoshi; Ando, Koichi; OKADA, YOHEI

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Yutaka Kondo Juntendo Univerisity Urayasu Hospital, Japan
<b>REVIEW RETURNED</b>	24-Oct-2020

<b>GENERAL COMMENTS</b>	<p>Thank you for great opportunity for reviewing this manuscript. Fukuda et al reported a systematic review protocol for diagnostic utility by biopsy in acute respiratory distress syndrome. Overall, well written and also some include attractive aspects. Please clarify below points.</p> <p>Minor points.</p> <ol style="list-style-type: none"> <li>1. What is the reason for including ED settings? I feel lung biopsy in ED is limited and, instead, general word is more relevant for lung biopsy.</li> <li>2. Please mention the reason using only two databases. At least using three databases for systematic review are recommended.</li> <li>3. Please describe the content of adverse effects, which would be more helpful for readers.</li> </ol>
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<b>REVIEWER</b>	Yoshiaki Iwashita Shimane University, Japan
<b>REVIEW RETURNED</b>	01-Dec-2020

<b>GENERAL COMMENTS</b>	<p>This is a protocol paper of systematic review and meta-analysis of safety and feasibility of lung biopsy in ARDS patients.</p> <p>This paper well described the rationale of this study and concisely described the protocol of performing the systematic review. It is worth publishing as a protocol paper.</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1  
Dr. Yutaka Kondo, Ryukyu Daigaku

(Q1) What is the reason for including ED settings? I feel lung biopsy in ED is limited and, instead, general ward is more relevant for lung biopsy.

(A1) Thank you for valuable suggestion. In order to focus the patients with ARDS or acute respiratory failure patients, especially the intubated patients or managed by mechanical ventilation, we will include ER but exclude the general ward. We added a description of the general ward (Page 8, Line 10).

(Q2) Please mention the reason using only two databases. At least using three databases for systematic review are recommended.

(A2) We agree with your opinion. We thought that it would be better to use Embase. However, access to Embase is problematic in many institutions in Japan. Therefore, in this systematic review, we will limit our search to MEDLINE and the Cochrane Central Register of Controlled Trials (CENTRAL). This point is so crucial that we plan to include it as a limitation when describing the study results.

(Q3) Please describe the content of adverse effects, which would be more helpful for readers.

(A3) Thank you for your valuable feedback. We will describe the following outcomes as adverse effects according to the British Thoracic Society guidelines for diagnostic flexible bronchoscopy in adults; Primary outcome: biopsy-related death, respiratory failure, cardiac complication, bleeding, and other major complication; Secondary outcomes: pneumothorax, infection, cost, human cost, and other minor complications (Page 8, Line 35-43).