Reviewer’s report

Title: MORBIDITY AND MORTALITY RELATED TO PNEUMONIA AND TRACHEOBRONCHITIS IN ICU AFTER LUNG TRANSPLANTATION

Version: 1 Date: 06 Jan 2018

Reviewer: Vikram Balakumar Balakumar

Reviewer’s report:

The authors have satisfactorily addressed my previous concerns. I do have a couple of revisions to recommend in the Discussion section as mentioned below.

Page 13: under Links between BRI, tracheobronchitis, pneumonia and outcome:

- No need to repeat lines 41-43 since it has already been emphasized earlier.

Page 14:

Lines 1-2: 'Purulent sputum seems to be the only useful clinical criterion to distinguish tracheobronchitis from pneumonia' - the authors need to be careful in coming to this inference from their limited dataset especially with a retrospective study especially in a LT population. In Table 4, while it is evident that the pneumonia group had a very high rate of purulent sputum - note must be made that it is a very subjective decision to note sputum as purulent. Moreover, fever/hypothermia was also significantly higher in their population while not to that extent. The authors must modify this statement.

lines 17 - if the authors are talking about 21% mortality rate in the small proportion of patients (I.e n = 14) that never developed BRI and the 21% 28-day mortality and 42% 1-year mortality reflect the rates in them then that they must mention that to avoid ambiguity to the reader.

Are the methods appropriate and well described?  
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?  
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?  
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Yes

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I am able to assess the statistics

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