Reviewer’s report

Title: A Single-Institution Study of Concordance of Pathological Diagnoses for Interstitial Lung Diseases Between Pre-Transplantation Surgical Lung Biopsies and Lung Explants

Version: 0 Date: 09 May 2018

Reviewer: Carlo Albera

Reviewer’s report:

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GENERAL COMMENTS: interesting paper; original data on hot topic; the submitted draft needs some update in references and some integration/revision of reported data

TITLE AND RUNNING TITLE : appropriate

ABSTRACT: appropriate (length and text)

KEY WORDS: appropriate

MANUSCRIPT

BACKGROUND : "...and myriad treatment options [1]." This statement is not true ( since in 2018 there are only two (but there is a "milestone" in therapy of IPF) efficacious approved by FDA ad EMA treatment for IPF. Please for the therapy options use the updated guidelines published in 2015.

"... SLB followed by multidisciplinary discussion remains the gold standard..." In my opinion the Fleischner Society white paper published by Lancet Resp Med on December 2017 must be cited and briefly reported since offers some fundamental insights on this topic.

" ... Factors that may play an important role in the diagnosis of ILD in SLBs include..., time from surgical lung biopsy to transplantation ..." this statement is true only if one plan to evaluate both SLB and Lung Explants .
METHODS

Data Collection: ok

Pathological Review: "...When the original slides of outside SLBs were unavailable for histopathological review, the pathologic diagnosis rendered by the outside pathologist was accepted…" Obviously, if slides from outside SLBs are unavailable, Authors can't recover tissue to compare SLB with explant. So I have some concern about the opportunity to include this group of subjects in a study aimed to retrospectively review the pathology diagnoses and to label as concordant or discordant by consensus (pathology) without having the possibility to compare two slides ! In addition Authors are kindly requested to report the number of the cases in which the original slides were unavailable. My suggestion is either to eliminate this cohort (no previous slides available) or to report this cohort separately and to compare with the other one (previous slides available).

RESULTS

Demographics :" …The overall mean time interval between the SLB and transplantation was 1,293 days…” It's important to know also the range of the time interval, please report this data.

Pathologic diagnoses (Tables 1 and 2; Figures 1 and 2): the information about the number of available and unavailable slides from outside SBLs (see above) in my opinion is fundamental also for this section.

DISCUSSION: in this section since Authors correctly underline the changes in the "gold standard" for a diagnosis of UIP/IPF, it should be interesting that Authors report some comment on the increasing use of cryobiopsy to diagnose the disease, especially as (a least it seems) small multiple samples offer a very good diagnostic yield. In addition Authors can speculate on the possible scenario that will be face with when we'll have the opportunity to evaluate concordance/discordance between cryobiopsy and lung explants pathology.

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?
If not, please explain in your comments to the authors.
Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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Not relevant to this manuscript

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