**Author’s response to reviews**

**Title:** Employment of an Algorithm of Care Including Chest Physiotherapy Results in Reduced Hospitalizations and Stability of Lung Function in Bronchiectasis

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**Author’s response to reviews:**

Dear Associate Editor and Reviewers,

Thank you for the opportunity to submit a revised version of our manuscript formerly entitled “Chest Physiotherapy as Part of an Algorithm of Care Results in Reduced Hospitalizations and Stability of Lung Function in Bronchiectasis”. We have substantially revised the manuscript to reflect the response to the reviewers. In addition, we offer a point-by-point response to the reviewers below with responses in blue typeface.

Thank you for considering our revised work.

Sincerely yours,

George M. Solomon, MD-Corresponding Author

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Reviewer reports:

Michal Shteinberg (Reviewer 1):

Thank you to the reviewer for further review of our manuscript.

1. Table 1: "usual care"- as chest physiotherapy is recommended for all patients who chronically produce sputum, (Polverino, ERJ bronchiectasis guidelines, 2017), I would presume that some form of airway clearance was offered to all patients, not only those with >2 exacerbations. I would suggest removing the right hand column of the table, and simply write that only patients with >2 exacerbations were included in the study.

Thank you for pointing this out. The table has been updated to the above specifications.

2. As the term "bronchiectasis" replaced "non CF bronchiectasis throughout the manuscript, I suggest changing the title accordingly. Also, to emphasize the "bundle" of care I would suggest changing place of the "chest physiotherapy" in the title, as follows: "Employment of an Algorithm of Care including chest physiotherapy Results in Reduced Hospitalizations and Stability of Lung Function in Bronchiectasis"

The title has been changed to reflect the changes made during the review process and is now the title suggested by the reviewer.

Annemarie Lee (Reviewer 2): Reviewer comments

Thank you to the reviewer for further review of our manuscript.

Within the discussion on page19, it highlights specific weaknesses within the study. One weakness acknowledged by the authors is the inability to comment on adherence rates beyond surveying patients in the clinic. However, this weakness has not been commented upon within the discussion section. This should be added as an important point that potentially influences the generalisability of the study findings.

We agree with the reviewer and have updated the discussion to add the weakness of unknown adherence rates.

The definition of what constitutes a severe exacerbation needs to be included within the text.

In the Methods section under the definition of a bronchiectasis exacerbation, we defined a severe exacerbation as one that required intravenous (IV) antibiotics or hospitalization for treatment.

On page 19, a reference to support the statement of frequent exacerbator phenotype should be included in the manuscript.

Thank you for pointing this out. Appropriate references have been added in this revision.
On page 19, it is stated that the algorithm may benefit bronchiectasis patients no matter their comorbidities, underlying pathology or phenotype. However, the authors have only included or made reference to tracking 2 comorbidities. In their response, they have mentioned that patients had other comorbidities, so this information should be included in the description of the patients in this study in the early section in results.

We agree with the reviewer’s comments. Because the study is limited, we have removed this conclusion sentence since the data do not fully support its assertion.