

## Peer Review File

Article information: <https://dx.doi.org/10.21037/jtd-24-597>

### Reviewer A

Comment 1: Highlight box has typos.

Reply 1: We have revised.

Changes in the text: Highlight box

Comment 2: Several sentences in the whole introduction are not understandable and need native English speaker editing.

Reply 2: We have had introduction revised by a native English speaker.

Changes in the text: line 58-75.

Comment 3: Again, there is inappropriate language used that makes the reading difficult, for example Line 60 “Besides”, “simply speaking”.

Reply 3: We have had introduction revised by a native English speaker.

Changes in the text: line 81, 84, 89, 93, 100, 101 and 105.

Comment 4: ARDS/RF could be the result from the majority of other conditions looked at. How is this differentiation made?

Reply 4: The classification is based on the keywords of the enrolled articles. “ARDS/RF” in the results means that the authors do not distinguish the causes of ARDS or respiratory failure.

Changes in the text: not applicable.

Comment 5: I fail to follow this: “Adaptation diseases, i.e. cardiopulmonary failure caused by reasons, were the hot spots.” Could you please elaborate?

Reply 5: “Adaptation diseases” was use incorrectly and we have canceled it. This sentence has been changed into “Cardiopulmonary failure caused by reasons were the hot spots”, which can be better understood.

Changes in the text: line 248 and 249.

Comment 6: This is a very vague and broad statement: “However, studies with a high-level of evidence, such as randomized controlled trials, are needed to catalyze guidelines, and further, save more lives.” I suggest being more specific when calling for additional studies. What are the guidelines lacking, what questions need to be answered?

Reply 6: The reason why we call for studies with high-level of evidence is the evidence level of the 100 articles is low according to Figure 1. So, the guidance of these study is limited, even though they have been cited many times. Since ECMO-related studies include a large number of specific topics, it is very difficult to call for specific studies. But we appreciate your advice which can be used in more specific studies.

We canceled “of” in line 250.

Changes in the text: line 250.

## **Reviewer B**

Comment 1: We suggest to add, as a potential limitation of bibliometric analysis, the fact that complications of ECMO supports and causes of death in patients on ECMO support are not specifically assessed.

Reply 1: we have added this limitation in line 241-244.

Changes in the text: line 241-244.

Comment 2: Papers on adult patients should be analyzed separately from those including pediatric patients.

Reply 2: The study population was divided into infants, children, adults and all age groups. Papers that include both adults and pediatric patients were classified as “all age groups”.

Changes in the text: not applicable.