

Peer Review File

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Reviewer 1

Comment 1: It is an interesting and accurate review, which summarize the value and the importance of patients related outcomes measures (PROMs) used in the management of chronic cough in adults. The additional value of the review is the attempt to explain the discrepancy between objective monitoring of cough frequency and PROMs.

The manuscript is well written.

In my opinion the review is near complete and I would only suggest that more information of minimal important difference for different tools (other than LCQ) may be added and discussed.

Reply: Thank you for your comment. We have mentioned MID having been calculated for several other tools including: VAS, CSD, CQLQ and COAT in our discussion and have added the appropriate details in Table 1 (see tracked changes). The nuances of MID and its significance has already been discussed in detail in our discussion (lines 405-415).

Changes in text: See lines 409-411. Line 272/273: Added in that MID yet to be established for SCCD. MID calculations from the literature have been added to Table 1 in advantages column of VAS, Cough severity diary, COAT and Quality of life measures respectively (see tracked changes for table).

Reviewer 2

Comment 1: This is a very well-written review with thoughtful discussion, and I thoroughly enjoyed reading it. The table and figure are also well-constructed and are likely to be frequently cited. I have just two minor suggestions:

Line 30: I suggest revising ‘common complaint’ to ‘common condition (or disorder),’ as the sentence pertains to prevalence.

Reply: Thank you for highlighting this. This has been amended in the text.

Changes in text: Line 40, “common complaint” has been changed to “common condition”.

Comment 2: Although this paper primarily discusses the role of cough PROs in clinical trials, I would recommend adding a section to highlight the relevance of PROs in defining chronic cough as a disease. Patient experience is a key factor in defining a disease, especially in conditions where there is no clear distinction between physiological functions and pathophysiological issues (such as pain).

Reply: Thank you for your comment. We agree that some patient reported outcome measures may have potential for defining chronic cough disorders. We discussed this in the section on “cough triggers and abnormal sensations” (lines 303-345). We have clarified their diagnostic potential by adding a sentence to line 308. We have also discussed published data for the HARQ tool for distinguishing refractory cough from healthy subjects in lines 314-318.

Changes in text: Summary added to lines 308-309.