

Author response to reviewer comments v.2

We would like to thank you and the reviewers of the Therapeutic Advances in Respiratory Disease for taking the time to review our article. We made additional corrections and clarifications in the manuscript after going over the reviewer's comments. All authors have read and approved the revised manuscript. The changes are summarized below.

Reviewer 1' comments

1. On table 6 it is stated that studies ranged from 8 to 48 weeks, but the study by Wilson et al only provided 4 weeks of treatment. Please review if this statement is correct.

R: Thank you for your previous comment. All regimens of inhaled ciprofloxacin agents included on- and off-period. For example, the treatment period of all phase III trials was 48 weeks, and this period included 24 weeks of on-period and 24 weeks of off-period. The study of Wilson et al only provided 1 cycle and that cycle included on-period of 4 weeks and off-period of 4 weeks. For the consistency with other multi-cycle studies, we think it would be relevant to say the study by Wilson et al provided 8 weeks of treatment, including on-and off-period. To avoid confusion, we clarified that the 'duration of treatment' includes on-and off-period as following:

"The duration of treatment ranged from 8 to 48 weeks, including on- and off-period." (Line 154-155)

2. I agree with reviewer 2 that the term bronchiectasis is the ICD-10 code for this disease, and the accepted label by both the European Respiratory Society and other learned societies worldwide. The rationale to use NCFB to distinguish the disease from CF is outlined by the authors but is unnecessary. One sentence at the beginning of the introduction could resolve this. E.g Non-Cf bronchiectasis (henceforth referred to as bronchiectasis) is.. Whether to allow the authors to use this obsolete term is a matter for the editors but I would ask the authors to change it.

R: Thank you for your precious comment. We revised the first sentence of the introduction according to the reviewer's opinion:

"Non-cystic fibrosis bronchiectasis (henceforth referred to as bronchiectasis) is a heterogeneous chronic lung disease characterized by a recurrent inflammation, poor sputum clearance and recurrent lung infection 1.(Line 54-55)

We also replaced the abbreviation of NCFB to bronchiectasis throughout the manuscript.

We only maintained the nomenclature of 'non-cystic fibrosis bronchiectasis' in the Title, the background section of Abstract, and the first sentence of introduction, and the discussion section comparing data of CF bronchiectasis, to differentiate the disease entity with CF bronchiectasis.

3. The authors state that they have converted 97.5 and 99% CI's from RESPIRE 1 and 2 to 95% CI's- this should be in the methods section including how it was done.

R: Thank you for your comment. According to the reviewer's comment, we additionally commented this point in the Method section as following:

"As the phase III studies of DPI provided 97.5% or 99.9% CIs for the primary end-points 14, 15, we converted these values into 95% CI for the pooled analyses, based on the calculation equation of CI."
(Line 121-122)

We hope the revised manuscript will better meet the requirements of your journal for publication. We would like to thank the editor and the reviewers of the Therapeutic Advances in Respiratory Disease once again for their constructive review of our paper.