

Reviewer 1 v.1

Comments to the Author

I had the privilege of reviewing the manuscript titled: "Airway wall thickness and airflow limitations in asthma assessed in quantitative computed tomography" by Mateusz Patyk and colleagues. I have several comments that need to be addressed before it can be accepted for publication.

Minor

1) In the introduction change test to testing.

2) change crucial to defining

3) Change to: .... in severe asthma, airway obstruction may become permanent and less responsive to treatment.

4) clarify if the patients were recruited by pulmonologist in an Allergy clinic? Not by allergists? Combined program??

5) Please expand on the GINA criteria used for diagnosis

6) Please under patient population define the timeframe of "stable" well controlled condition, and in regards to exacerbations.

7) ( $p > 0.05$ ) designations are redundant, please delete.

Major:

1) The subsection titled "Available imaging techniques" is beyond the scope of the objective of the manuscript. This should be significantly reduced and incorporated in the introduction or discussion.

2) Under patient population, Please define severe refractory asthma.

3) Under limitations, please add that only 1 observer was utilized. Although intra observer evaluations are important. For radiographic measurements is important to have inter observer evaluations.

4) Is there any other information regarding exacerbations or other relevant clinical outcomes? Albuterol use? Biologicals?

5) Were analyses made between the different severities of asthma?

6) Do we have information regarding inhaled steroids?? And other therapies??

7) In the introduction, the authors describe the “progression” of remodeling from the early stages of severity in asthma to the fixed airflow limitation in severe asthma, yet there are no comparisons between the subgroups of asthmatics?

8) The conclusion is misleading, this study did not “confirm” airway remodeling in patients with asthma, this is a pathologic diagnosis. The study showed increased airway thickness in patients with asthma compared to healthy volunteers.

9) In the conclusion, please expand on how the results are useful in the management of asthma.