

Author response v.1

We would like to thank the reviewers for their careful reading of the manuscript and their valuable comments, including the grammatical comments to improve the readability of our case series.

Reviewer 1

The manuscript reports the findings of a retrospective study to evaluate the efficacy of inhaled tobramycin aerosols generated with a nebulizer or dry powder inhaler on the eradication of *Pseudomonas aeruginosa* from adult CF patients. In general the manuscript is easy to follow and the conclusion is supported by the results of the study. Although the authors acknowledge the limitations of the study and its findings due to the small sample size, there are a few details missing that would allow a better evaluation of the findings of the study. In addition, the manuscript will benefit from a thorough revision of grammar.

Page 4, lines 20-21: Please replace “less time consuming” with “reduced administration time”.

Page 4, line 21: Please replace “when disposable” with “when used with a disposable inhaler”.

Page 4, line 22: Please replace “To our best knowledge” with “To the best of our knowledge”.

Page 5, lines 36-37. Please rephrase this sentence, as it is difficult to understand its meaning in its current form.

Page 9, Table 2: Please add that the age is in years.

We thank the reviewer for his/her positive words. We apologize for the grammatical errors. The text has been corrected as suggested by the reviewer. Next to this we rephrased the sentence of lines 36-37, and in table 2 we added that the age is noted in years.

Page 4, “Methods section”: Please include the model and make of the nebulizer(s) and the DPI(s) that were used by the 13 patients included in the study, and if available, the particle or droplet size.

We agree with the reviewer that information about the inhaler device is very important, so throughout the paper we added details about this. All patients treated with DPI have used the Podhaler. Unfortunately, we were not able to find out from all patients which nebulizer they used during treatment.

Page 4, “Methods section”: Please include the doses of tobramycin used with the DPI and the nebulizer (nominal dose and time of treatment).

In the ‘methods section’ we added information about the doses of tobramycin used with the DPI and the nebulizer and mentioned the duration of both treatments.

Page 5, lines 2-3: If possible, please also include the doses of the oral ciprofloxacin and IV tobramycin used.

We added the doses of both the oral ciprofloxacin and IV tobramycin used.

Page 5, second paragraph, last sentence: Are authors referring at statistical differences between the nebulized vs. dry powder groups or nebulized alone versus nebulized plus oral ciprofloxacin patient?

We agree with the reviewer that this sentence could be interpreted in different ways, so we revised the sentence: ‘Statistical analysis using Fisher’s exact test showed no significant difference in eradication rate between treatment with DPI and nebulization ($p=0.266$).’

Reviewer 2

Simple but useful study comparing traditional inhaled tobramycin with tobramycin DPI - obviously small numbers but hopefully will lead to more robust perhaps prospective study.

We thank the reviewer for his/her positive reply.

Reviewer 3

The case presented is very interesting in pulmonary field an CF disease and the case is well described. The study demonstrated the tobramycin inhalation powder equally efficacious to tobramycin liquid nebulisation and is associated with increased patient convenience. However I strongly suggest, if possible, to insert details on the formulation and inhaler device employed in the study. It is know that the amount of drug deposited in the lungs depends on the formulation characteristics and on the aerosolization efficiency of the inhaler. Was the Tobramycin Pulmosphere powder employed? and for the liquid nebulization, which nebuliser was used?

We thank the reviewer for his/her positive words. We agree with the reviewer that information about the inhaler device is very important, so throughout the paper we added details about this. All patients treated with DPI have used the Podhaler. Unfortunately, we were not able to find out from all patients which nebulizer they used during treatment.