Dear editor,

We are thankful for allowing us to revise our manuscript and the reviewers for their constructive comments. We have revised our manuscript according to the comments and suggestions. Following is a point-to-point response to the questions raised by the reviewers.

We would like to express our sincere thanks to the reviewers for the constructive and positive comments.

Reviewer #1:
Scientific Quality: Grade C (Good)
Language Quality: Grade C (A great deal of language polishing)
Conclusion: Major revision
Specific Comments to Authors: Important study; but there are some limitations.
First, it is a bit strange that in the case group, almost no alterations in some of the indices that we would expect to naturally change during anesthesia and bronchoscopy in the case group, most important of them the SpO2. So, I advice to double check the accuracy of the data.
Reply: Thanks for this question. In this study, the operations were performed by the senior chief physicians in person or supervised in order to ensure absolute safety during the operation, we closely observed all changes of patients during the bronchoscopy examination and treatment to try to avoid SpO2 below the normal value. At the same time, the adverse reactions of patients were closely observed, and the operation was suspended once there were any sign of unsafe. We reviewed the data following the suggestions of the reviewer, found SpO2 in the experimental group did not fluctuate significantly. Considering that the values of SpO2 in this experiment were between 94% and 98%, we thought that both sets of data were within the normal range.

Secondly and even more important than that, the adverse events as summarized in table 3 are apparently more prevalent in the case group than the controls. So it argues against the new approach.
Reply: Thanks for this question. We are sorry for this mistake since the case group and control group label wrongly in the manuscript. We have revised it in the manuscript.

Lastly, wasn't there any report of potential traumatizing through the procedure?
Reply: Thanks for this question. The operations were performed by the senior chief physicians in person or supervised in order to ensure absolute safety during the operation, so there was no report of trauma during the operation.

Reviewer #2:
Scientific Quality: Grade D (Fair)
Language Quality: Grade B (Minor language polishing)
Conclusion: Rejection
Specific Comments to Authors: Performing fibrobronchoscopy safely is quite important in daily clinical practice and examination. The present study might provide useful information concerning this area. However, there are several serious problems which should be clarified.
(1) Did all patients receive any sedative agent during bronchoscopy?
Reply: Thanks for this question. All patients in this trial did not use sedative agent.
(2) How long was bronchoscopy performed?
Reply: Thanks for this question. In this experiment, the bronchoscopy examination time ranged from 7 to 11 minutes.

(3) Total amount of lidocaine used is not clear in both groups. Increase in lidocaine plasma concentration may increase sedative effects as well as decrease airway discomfort (Br J Anaesth. 2020, 124: 314-323). It is quite important to demonstrate lidocaine plasma concentrations are same in both groups for comparison of usefulness. Both total amount of lidocaine used and plasma concentration of lidocaine should be shown and statistically analyzed in both groups.

Reply: Thanks for this question. We controlled the total dosage of lidocaine within 300mg for both groups of patients, and we have added this in the material method. Plasma concentration was indeed a very important indicator, and we have recalculated the plasma concentration of lidocaine and added the relevant results to the manuscript.