Peer Review File

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Reviewer A

1. Provide the details of the appropriate ethical review board...name and approval number and date approval provided.

Response 1: It was provided already (see Page 3 Line 98-100)

2. Re inclusion and exclusion criteria. Was written informed consent provided by the carers of the patients especially the younger patients? Clarify and provide the additional information.

Response 2: All enrolled children were given informed consent. Informed consent for children under 8 years of age is signed by their guardian.

3. In the methods section requires substantial improvement as per the addition of the following:

i) who conducted the clinical assessment and diagnosis of the children?

Response 3-1 : Clinical diagnosis and evaluation of the disease were carried out by the attending physician. Doctors and clinical pharmacists jointly evaluated the vomiting of children after chemotherapy.

ii) what assessment of safety parameters were used? e..g, BP, pulse rate, other etc.?

Response 3-2: We used blood routine, liver and kidney function, blood pressure, pulse and other parameters to evaluate safety.

v) how were adverse events documented? the Incidence of AE and SAEs should be recorded from baseline.

Response 3-3: Each of our chemotherapy patients has a special adverse reaction event record sheet, which is graded according to the criteria of adverse reaction classification by doctors according to the results of blood examination and liver and kidney function examination of patients and recorded in the sheet.

vi) how as the data managed for this study? Clarify.

Response 3-4: Our hospital has a clinical research center. Clinical research data is monitored and evaluated by the monitoring body for the research process and data.

4. the statistical analysis section requires clarification with the following:

i) was a power analysis conducted? Clarify

Response 4-1:We used power analysis in the sample size estimation.

ii) was an ITT analyses carried out whereby all randomized participants were included and analyzed according to the group to which they were originally allocated to?

Response 4-2: Yes, we used ITT analyses and all randomized participants were included and analyzed according to the group to which they were originally allocated to.

iii) indicate which data were normally or not normally distributed and how was the data handled...re specific tests and corrections made relative to missing data if any.

Response 4-3 : Upon visual inspection of the histograms for our data on age and weight, it is evident that these variables do not follow a normal distribution. There is no missing data.

5. Can the authors provide and information on how the drug was tolerated by the children?

Response 5: NK-1 receptor antagonists have been shown to be well tolerated in children. No serious adverse drug reactions were found during the study.

6. HEC and MEC were implemented based on which protocol? If needed, please provide a reference?

Response 6: Berger MJ, Ettinger DS, Aston J, et al. NCCN Guidelines Insights: Antiemesis, Version 2.2017. J Natl Compr Canc Netw. 2017 Jul;15(7):883-893. doi: 10.6004/jnccn.2017.0117. PMID: 28687576.

7. Please describe the method of identifying potential participants. Were participants inpatients or outpatients?

Response 7: Inpatients patients included children between the ages of 2 and 12 years who were diagnosed with malignancy and scheduled to receive MEC or HEC, using guidelines from the National Comprehensive Cancer Network (NCCN) which classified the risk of chemotherapy agents based on the incidence of nausea and vomiting without the use of antiemetics.

8. why was the age range for inclusion selected?

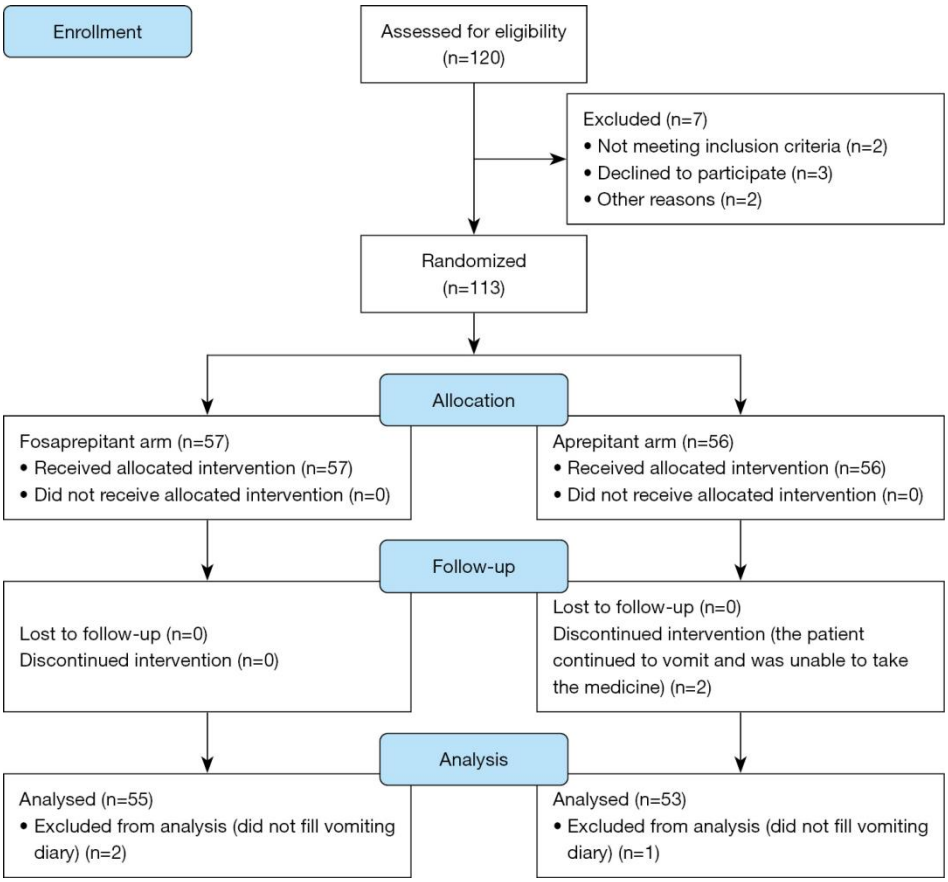
Response 8: The age range for this study was established according to the age limit for children in the drug label of Aprepitant.

9. How was agents administered to patients who could not swallow oral solid dosage forms?

Response 9: Aprepitant was given as a homogeneous suspension dissolved in water at a concentration of 25 mg/mL. The desired dose, calculated based on bodyweight, was drawn into a syringe and given orally.

10. I was expecting to see a CONSORT diagram explaining patients screening, enrollment and study completion.

Response 10:



Reviewer B

The proposed manuscript is a well-prepared and comprehensive article. However, there are still some minor issues that needs to be addressed.

In the section references, is a better use of the articles from five years ago.
why not use it in the study of patients with hematology malignancy? if available the information patients added to the manuscript.

Please in the manuscript use of the content the article "Eghbali A, Kohpar FK, Ghaffari K, Afzal RR, Eghbali A, Ghasemi A. Evaluating Aprepitant single-dose plus granisetron and dexamethasone in children receiving highly emetogenic chemotherapy for the prevention of chemotherapy-induced nausea and vomiting: A triple-blinded randomized clinical trial. Hematology, Transfusion and Cell Therapy. 2023 Oct 9;45:281-9".

Response : This literature has been cited.(Page 3 line 85)