

Article information: <https://dx.doi.org/10.21037/tp-23-480>

Response to Reviewer A

Comment 1: What is the hypothesis of your study? COVID-19 pandemic with children with malignant solid tumors?

Reply 1: Thanks for your comment. The hypothesis of our study is that equitable medical access for pediatric patients diagnosed with malignant solid tumors in China whether has been affected by the COVID-19 pandemic, as reflected in demographic (e.g., gender, region), clinical characteristics (e.g., stage, grouping) and economic burden.

Comment 2: How about the treatment protocol or available resources for cancer patients in the COVID-19 pandemic?

Reply 2: Thanks for your question. Chinese government and our hospitals introduced many response measures in the COVID-19 pandemic, such as increasing Internet hospital visits, outpatient chemotherapy and the establishment of sub-centers to ensure that children with tumors received timely diagnosis and treatment. It was noteworthy that, notwithstanding the alterations in the manner in which children were treated for, our institution continued to uphold the diagnostic and therapeutic protocol established prior to the outbreak. In addition, the results of our various studies demonstrates that the opportunity for timely and fair care for children with tumors has not changed while COVID-19 infection being effectively controlled in China.

Changes in the text: The above had been modified and described in paragraph 3 Discussion and Conclusions (*Please see Line 306-308 and 359-364*).

Comment 3: Is there a correlation between infected children and solid tumors?

Reply 3: Thank you for your question. As described in the Results, Part 2, none of the enrolled children in our center during the tree years were infected with COVID-19. This is because of

China's policies to control the source of infection after the outbreak. Hospitals across the country have strictly checked the nucleic acid status of hospitalized children with tumors. Therefore, we hope to explore whether the population, clinical characteristics and disease burden of children with solid tumors have been affected under the background of effective control of the epidemic in China during 2019-2021. The above had been discussed at the end of paragraph 2 of the Discussion (*Please see Line 290-296*).

Comment 4: Quality of life (QOL) is the primary concern for patients or parents in treating malignant solid tumors. Can authors add to the manuscript for the benefit of the reader?

Reply 4: Thanks for your constructive suggestion. QOL of children with solid tumors is indeed worthy of attention. We have conducted similar research by collecting questionnaires in outpatient clinics. It is a pity that the relevant questionnaires were not designed and collected in time for this study. Therefore, it is very difficult to provide this part of the data.

Changes in the text: This recommendation had been added to the limitations of our study (*Please see Line 352-355*).

Comment 5: The conclusion needs major revision to the main point of this study.

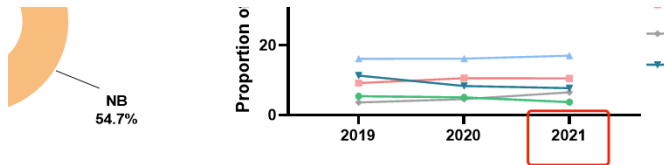
Reply 5: Thank you for your comment.

Changes in the text: The conclusion had been reorganized and revised (*Please see Line 359-364*).

Response to Reviewer B

Comment 1: Figure 1: Please check the legends, should it be “2021”?

Reply 1: Thanks for your comment and we had modified Legends as advised (*Please see Line 489-490*).



489 **Legends***
 490 **Figure 1** Proportion of tumor categories, 2019-2020. (A) Total distribution of tumors
 491 over 3 years. (B) Changes in the proportions of the six tumors during 2019-2020.

Comment 2: Figure 2: Please define ALL abbreviations shown in the figure in the figure legends. Please also define COVID-19 in the legends.

Reply 2: Thanks for your suggestion. This comment had been revised in Legends (*Please see Line 494-496*).

Comment 3: Table S3: Please define “^a” in table footnote.

Reply 3: Thanks for your reminder. This was our negligence and the “^a” had been deleted in Table S3.

Comment 4: Table S1: Please define “***” in table footnote.

Reply 4: Thanks for your reminder. This was our negligence and the “***” had been deleted in Table S1.