

Peer Review File

Article information: <https://dx.doi.org/10.21037/apm-23-342>

Reviewer Comments

Reviewer A

Comment 1: The authors are commended on submitting a thoughtful, comprehensive, and clearly written narrative review of emergent radiotherapy (including other modalities) for spinal cord compression.

Reply 1: Thank you!

The below minor suggestions should be considered:

Minor comments:

Comment 2: Line 102: Other institutions consider using a maintenance regimen of 8 mg BID as opposed to 4 mg q6 hours based on the half-life of the drug and to minimize disruption in the patient's sleep/wake cycle.

Reply 2: Thank you for this comment. This was previously not mentioned as published studies using this maintenance regimen for MESCC are limited. Still, we agree it is reasonable and used in practice. We added a comment about this alternative dexamethasone schedule.

Comment 3: Line 106: Uncertain on the emergent nature of DVT work-up if no acute cardiopulmonary symptoms, but not unreasonable

Reply 3: The presence of DVTs was thought to be helpful to ascertain

preoperatively and to help prevent development of pulmonary emboli. As this additional workup for DVTs only applies to a subset of high-risk patients, we rearranged this sentence to follow instead of proceed the statement regarding staging scans.

Comment 4: Line 112: As many of these patients harbor life-limiting illness, palliative care consultation should also be considered to ensure treatment recommendations are in line with patient goals/values

Reply 4: This statement was added. Thank you.

Comment 5: Line 117: Less commonly, systemic therapy may be the primary treatment modality (as discussed in the abstract)

Reply 5: This statement was added. Thank you.

Comment 6: Line 161-162: Consider also mentioning the predictive algorithms from SORG (<https://sorg.mgh.harvard.edu/predictive-algorithms/>)

Reply 6: Thank you for this comment. This (along with references) was added to the manuscript.

Comment 7: General: It may be worth comparing volume/field differences between SBRT and conventional radiotherapy somewhere in

the manuscript

Reply 7: Thank you for this comment. This was added to the first paragraph in the SBRT section of our discussion.

Reviewer B

Comment 1: This is a very comprehensive and thorough article on a very important topic.

Reply 1: Thank you!

Comment 2: The wording of the article could be improved in some areas, as noted in the attached markup.

Reply 2: The wording was reviewed and edited.

Comment 3: In the introduction, the importance of this review article as well as well as why optimal treatment of spinal cord compression is so important (i.e. for optimization of ambulatory outcomes, etc) should be discussed.

Reply 3: We appreciate this feedback. The importance of this review article was further expanded on in the introduction.

Comment 4: The tables should be simplified in order to better summarize salient points from the articles.

Reply 4: Thank you for the feedback. Several points were removed to help simplify the tables and minor edits were made to make the tables more readable. The purpose of the tables was to demonstrate the variability in and provide easily accessible estimates of response parameters (ambulation, strength, urination, pain, sensation, and local control) as well as survival for patients receiving post-operative or primary RT. Baseline ambulation rates and radioresponsive histology were provided to help put the numbers in perspective. The tables and manuscript text complement one another, and potential redundancies were minimized; the largest table is concise enough to fit on 1 page.