

Peer Review File

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Reviewer: A

This article describes a single center series of COVID-19 in cancer patients. The findings and limits are well described. However, it doesn't add new insights to recent literature.

Major changes are needed:

R1.1 - Please add a table with type of cancers and eventually ongoing therapy;

A1.1 Thank you for highlighting this, we have added this data to Table 1 as well as included a more detailed table as a supplement file describing all 28 patients with their type of cancers and treatments. (Table 1 in page 16-18, lines 756-763 and supplement file 1 in page 24-26, lines 800-806)

R1.2 - Many patients are female and it differs from literature. Please add comments on it (quote a recent article by DI LORENZO ET AL, ONCOLOGY 2020 in prostate cancer patients)

A1.2 Our cancer population in this cohort included malignancies without a specific gender disposition, and we only had four breast and one gynecologic cancer. We think the slight majority of female patients in our cohort is likely related to limited patient population. We have added this into our limitations paragraph (page 10, lines 493-495), as well as added the following sentence to our discussion and cited the suggested article "The role of hormone therapy in SARS-CoV-2 infections has been previously discussed as a having potentially protective effects in cancer patients with COVID-19 (19). However, we did not feel this contributed to our slightly female predominant sample". (Page 8-9, line 342-361)

R1.3 - IT COULD BE USEFUL GIVE MORE INFORMATIONS ON TYPE of cancer treatments and COVID19. MANY CHEMOTHERAPEUTIC AGENTS ARE IMMUNOSUPPRESSIVE AND WE DONT KNOW THE baseline profile.

A1.3 We agree with the reviewer's comment. We have added active therapy within 30 days to Table 1 as well as a more detailed table as a supplement file describing all 28

patients with their type of cancers and treatments. (Table 1 in page 16-18, lines 756-763 and supplement file 1 in page 24-26, lines 800-806)

R1.4 Quote an important review published on Critical review Oncology Hematology on Covid19 and cancer by Di Lorenzo et al)

A1.4 We appreciate the reviewer's comment. We have added the following sentence and included the citation: This is an important aspect to consider in cancer patients as therapies for COVID-19 may have potential interactions with commonly used antineoplastic drugs (12). (Page 8, lines 338-339)

R1.5 The discussion needs to be rewritten, reduced and focusing on few points.

A1.5 We have re-written and shortened the discussion as requested, focusing on a few points. See the manuscript with tracked changes. (Pages 8-10, lines 327-487)

Reviewer: B

With great interest I have read your manuscript. As the number of publications on the course of covid-19 in patients with cancer are being published in rapid order, this manuscript should add some additional information or data to be more contributive to the knowledge about the course of COVID 19 in patients with cancer.

In my opinion, to be qualified for publication, the following points should be addressed:

R2.1 The number of patients receiving tocilizumab is remarkable and could be of great interest, since only 2 patients from your cohort died. Could you give some extra information regarding laboratory values, the possible effect of tocilizumab treatment on these patients etcetera?

A2.1 Thank you for bringing up this point. Eight patients of the total 15 admitted received tocilizumab. Of those that received tocilizumab, only one died. Due to the small number of patients, it is difficult to draw any specific conclusions. However, in the results we discuss the absolute lymphocyte counts on day 1 for all the patients as well as for those that received tocilizumab. We believe our initial data will be helpful to the reader, but future and large studies are needed. (Page 6, lines 207-210 and page 7 lines 287-288).

R2.2 Almost 50% of the patients cohort was tested positive for SARS-COV-2 but these patients were not hospitalized. Data and outcome of these patients is completely missing but could be contributive, as probably the baseline characteristics of these patients were more favorable. Adding these data could be contributive.

A2.2 We appreciate the comment and agree. We have added the patient characteristics and symptoms to Tables 1 and 2. Overall, there was no statistically significant difference between groups. The only significant finding was dyspnea, which was more commonly

found in those that presented to the ED. (Table 1 in page 16-18, lines 756-763, Table 2 page 19-20, lines 767-772).

R2.3 Data regarding the disease stage and treatment stage of all patients is almost entirely missing and should be mentioned as disease and treatment stage could definitely affect the outcome of the patients. Did patients have curable disease? Were patients actively treated and if yes, what kind of treatment did they receive? Do you think treatment affected the course of covid19 in these patients?

A2.3 We agree with the reviewer's comments. Given our cohort of both solid organ tumors and hematologic malignancies, it is difficult to compare cancers based on extent of disease. However, we do believe active therapy would be a risk factor, and we have added active therapy within 30 days to Table 1 as well as a detailed supplement table with disease stage and types of treatment. We believe that active chemotherapy or immunotherapy would result in higher risk of immunosuppression than the stage of the disease. (Table 1 in page 16-18, lines 756-763 and supplement file 1 in page 24-26, lines 800-806).