

Peer Review File

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Review Comments (Round 1)

Comment 1:

The methodology section is missing: how the authors perform this review? How many selected studies? inclusion/exclusion criteria...flow chart

Reference for Portsmouth experience is missing on the text

The table 1 and 2 are not relevant and do not add any new information to the text

A table with the outcome of the selected program is needed

Reply 1:

Given that this was a narrative review, the aim was not to do a comprehensive review but rather to describe models that have worked in several countries with different systems. We have completed the method section to provide more clarity on the method used.

We deleted references of 3 pre-COVID home treatment programs and added 1 reference of a systematic review until 2016. We also added two home therapy programs that were described during COVID pandemics.

Changes in the text:

Methods

We searched in PubMed and Google Scholar for articles in English describing home delivery of chemotherapy and immunotherapy programs since the COVID pandemic (2019) with the keywords: “home delivery”, “oncology”, “treatments”, and “COVID”.

We included all studies or reports of programs that either existed for several years or emerged during the pandemic and provided information on safety and patient satisfaction. We excluded articles about home delivery of oral treatments or those about home care in general. We also searched the reference lists of included papers.

Thus, we selected two studies from 125 articles screened. Two other programs were found by looking through references. We added a real-life experience from a home immunotherapy program in Portsmouth, allowing us to have more details on the characteristics of patients and practical modalities of such programs.

In Italy, two programs have been described in a pediatric population. One in Friuli Venezia Giulia (19), that existed before the pandemic. Thirty-five patients received 419 doses of intravenous chemotherapy at home (cytarabine, vincristine, vinblastine). No acute adverse events were reported. Most patients families were satisfied, citing the possibility of maintaining a domestic routine and reducing hospital access time and financial burden. The sample covered years between 2011 and 2019, and the pandemic COVID-19 hit Italy during data collection and analysis. The authors did not give detailed information on how COVID-19 impacted the program but affirmed that it was beneficial.

In early 2020, 600 chemotherapy visits shifted into patients homes in southern Australia via the expansion of an existing arrangement between a public hospital network and an established private home chemotherapy service. The authors explain that it proved to be a safe and efficient transition despite calls for caution from some oncology organisations. The program details are unfortunately not yet available, as the authors have only published the abstract. (21)

Comment 2:

Thanks to the authors for this work. However, the quality of the work would be really improved by following the guidelines such as Equator reporting guidelines. It would be useful to define clearly the objective and the scope of the study.

If I find the subject, interesting, I find the aim and its method hard to understand. First, I find the title misleading: this article cannot be a review as numerous studies have

been published on the subject and are not found in this article. The search request is not provided, so it is hard to understand why the provided references are so sparse.

Second, the objective is not clear. Is it about feasibility at home? Is it about home as an alternative to hospital? And so, why do the authors discuss oral chemotherapy? Is it about immunotherapy? And so, why do the authors mix with chemotherapy? Or the authors want to report their experience? It is unclear and difficult to understand how the manuscript is relevant.

Reply 2:

Given that this was a narrative review, the aim was not to do a comprehensive review but rather to describe models that have worked in several countries with different systems. We have completed the method section to provide more clarity on the method used.

We deleted references of 3 pre-COVID home treatment programs and added 1 reference of a systematic review until 2016. We also added two home therapy programs that were described during COVID pandemics.

The article's objective was to show that the development of home oncologic treatments had been safe and valuable during the covid-19 pandemic. This could offer avenues for the development of this system and could be helpful in several situations.

We have clarified that we wanted to show how chemotherapy and immunotherapy were safe to be delivered at home and excluded home delivery of oral therapies that are already democratised.

Changes in the text:

Methods

We searched in Pubmed and Google Scholar for articles in English describing home delivery of chemotherapy and immunotherapy programs since the COVID pandemic (2019) with the keywords: “home delivery”, “oncology”, “treatments”, and “COVID”.

We included all studies or reports of programs that either existed for several years or emerged during the pandemic and provided information on safety and patient satisfaction. We excluded articles about home delivery of oral treatments or those about home care in general. We also searched the reference lists of included papers.

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This article will acknowledge the results of this study and describe the different preexisting programs adopted during the COVID pandemic or the ones that emerged. We will not develop the feasibility of home delivery oral treatments, as they have

already been widely described and well established.

Review Comments (Round 2)

The content of this narrative review is highly relevant given the seeming persisting nature of the COVID-19 pandemic. I think that oncology patients, in particular, are vulnerable to the social distancing nature of the public health response - yet, are also a vulnerable population to COVID itself. Thus, the narrative review is an excellent one to publish.

1 [recommendation]: The methods section is inadequate. Although not titled a "systematic review", I believe that additional search descriptions should be employed. First - include MESH terms in PubMed to include "home health nursing", "nurses community health", "home care services", "COVID-19" and perhaps a few others that you find relevant. Second, do not simply indicate "several years" - specify exactly how many years - my recommendation would be to search about 5 years back if there are a plethora of studies. Then, only include clinical studies - if there are too many, then focus on any systematic review and utilize references from that particular paper. The alternative is to be more specific and to actually publish a systematic review, which would require you to be more specific on your inclusion/exclusion criteria. That would be a more powerful presentation of a highly relevant topic.

Reply 1: for the first point, we maintain that it is a narrative review. We detailed the terms we used for our search queries. For the second point, we now differentiate between pre-existing and new programmes.

2 [recommendation/inquiry]: How did decide to only include the Italy, Australian, and

Portsmouth studies? The Portsmouth and Australian studies were not even published, so what made these 2, in particular, so important?

Reply 2: These were data we had access to.

3 [comment]: Table 1 and Table 2 are great. It is important to detail why you chose your particular studies.

Reply 3: These were data we had access to.

4 [recommendation/inquiry]: is it possible to narrow down the list of studies to a specific type of cancer? Just a consideration. If there are not that many published studies, then ok to defer on this.

Reply 4: No enough data to subdivide.