Peer Review File

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Reviewer A

This is a single center retrospective study on the impact of a multidisciplinary medical approach to the care of COVID-19 patients during the first months of the pandemic.

It is a "covid-19" version of the personalized medicine approach.

However, if the manuscript is overall well written; it has in my opinion few scientific value and is not suitable for publication.

There are major limitations to this work, mainly due to methodological and statistical flaws secondary to its very small size and its monocentric design.

There is no statistical demonstrations of the conclusions of the authors.

By consequence its generalizability is highly questionable.

Reply: Thank you for your valuable opinions. At that time, due to a lack of awareness about the novel coronavirus, we took a lot of precautions, which now can be said to be precisely because these precautions kept our health care workers safe, but also because they prevented us from collecting more data to improve our research. This is also our regret, we should want to express that the maintenance of basic living conditions, to improve the prognosis of the disease has a positive help.

Reviewer B

Your article demonstrates the roles of rehabilitation medicine as a part of multidisciplinary treatment for COVID-19 patients. Are there any particular occupational therapy exercises that you used for the patients? It would be great if you can talk about it in the article apart from liaising with their families to understand their habits and to help with their psychological issues.

Reply: Thank you for your valuable opinions. Indeed, the spirit of the family members plays a positive role in the patient's recovery. Because of the state of emergency at that time, we did not know much about the psychology and personality of the patients. Only a smooth channel has been established to allow patients to get more comfort and spiritual companionship from their families in this tense environment.

Reviewer C

This study retrospectively summarized treatment process of early COVID-19 patients. At that time, as authors described, there was no clearly defined treatment for COVID-19, and the authors say that a multidisciplinary team could be effective in such circumstances.

This study provides a meaningful message, but the results of this study look outdated for now because study patients of this study were those with COVID-19 treated between February and March 2020. Over last a couple of years, there have been tremendous progresses in the knowledge and treatment about COVID-19. There is now well-established treatment strategy for COVID-19.

Furthermore, it is so obvious that a multidisciplinary team could provide more comprehensive support for a given patient, and if a patient can be discharged successfully, it is obvious again that the patient's several clinical factors are improved at the time of discharge.

I think the results of this study would not be so interesting to current readers of this era. Reply: Thank you for your valuable opinions, because the environment and conditions were restricted at that time, leading to many deficiencies in our research. It is believed that the conclusions drawn can still be useful in the face of unknown diseases.

Reviewer D

- 1) First of all, a retrospective cohort study with appropriate controls cannot research the clinical question of "therapeutic effects", so the title and elsewhere of this paper are misleading to use this term. The title needs to accurately describe the outcome of interest of this study and the clinical research design of this study, i.e., a retrospective cohort study.
- 2) Second, the abstract needs some revisions. The background did not describe why the individualized MDT deserved to be studied and what the current knowledge gap is. The methods need to describe the inclusion of subjects, how the MDT treatment was administered, assessment of baseline clinical factors, and measurements of efficacy and safety outcomes. The results need to have findings on the efficacy and safety data. The current study had no a control group, so the current conclusion has no supporting evidence. The authors need to reconsider the conclusion based on the findings.
- 3) Third, in the introduction, the sentence "at present, there is still no effective treatment for COVID-19" is incorrect. The authors need to have an extensive review on available treatments for COVID-19, analyze their limitations, and explain why the individualized MDT is needed.

- 4) Fourth, in the methodology of the main text, please accurately describe the clinical research design, sample size estimation, details of treatment strategies, and measurements of efficacy and safety outcomes. The statistics part needs to be rewritten, because the proposed analysis did not focus on the efficacy and safety outcomes.
- 5) Finally, please consider to review and cite several related papers: 1. Liu Y, Liu A, Wang R, Shao C, Li P, Ju Q, Chen S, Zong P, Wang L, Wang H. The application of COVID-19 convalescent plasma in clinical treatment. Ann Blood 2022;7:29. 2. Fei L, Gao X, Zhang Q, Tan X, Xu F, Pan Q, Chen W. Efficacy and safety of glucocorticoids in treatment of COVID-19: a retrospective study. Ann Palliat Med 2022;11(6):2085-2092. doi: 10.21037/apm-22-659. 3. Zhong BL, Zhou DY, He MF, Li Y, Li WT, Ng CH, Xiang YT, Chiu HF. Mental health problems, needs, and service use among people living within and outside Wuhan during the COVID-19 epidemic in China. Ann Transl Med 2020;8(21):1392. doi: 10.21037/atm-20-4145.

Reply:

- 1) Thank you for your valuable comments. We have made corrections to inappropriate expressions in the article
- 2) Thank you for your valuable comments. We have made corrections in the abstract and methods of the article, the treatment protocols section was also supplemented.
- 3) Thank you for your valuable suggestions. We have revised the non-standard statements in the article and described the background description at that time and the reason for MDT
- 4) Thank you for your valuable feedback and attention to our study. We appreciate your concern regarding the sample size assessment. Our study is an observational cohort study sharing the multidisciplinary treatment experience for COVID-19 patients and evaluating its effectiveness. Due to ethical considerations, establishing a control group was not feasible as all patients received multidisciplinary treatment, making a traditional sample size assessment impractical.
 - Although we acknowledge the importance of sample size assessment, we employed strategies to enhance reliability and generalizability. We collected comprehensive clinical data, conducted detailed assessments, and performed appropriate statistical analyses.
 - While our sample size may have limitations in generalizability and precision, given the constraints of time and resources during the COVID-19 outbreak, our findings offer valuable insights into the effectiveness of multidisciplinary treatment. We understand the study's limitations without a control group and appreciate your suggestions. We will improve our research by exploring alternative study designs or collaborating with other researchers to evaluate treatment effectiveness more comprehensively.
- 5) Thank you for the literature reference. I have read these articles in detail, which really enriches our description of the background at that time. We consider citations in the article.