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Peer Review File

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Reviewer A:

The article provides comprehensive detail regarding steps taken to continue Head and Neck Oncologic care during the pandemic. It does provide an interesting reminder of the uncertainties and anxieties that were present particularly at the onset of the pandemic. It also provides a useful update on the various measures which can be employed to reduce exposure and increase safety for staff and patients.

A couple of minor points:

Comment: the authors state 'there has been no detrimental effect to the high-quality MDT review we are able to deliver'. What is the basis for that claim?

This claim is based on the continued functioning of the weekly MDT meeting with no disruption to the usual high-quality review of imaging, pathology and robust discussion, despite transition to the online workspace. As such, timely patient reviews and management plans similar to pre-covid era continued to be provided.

Comment: Given the fact the Covid case numbers have generally been very low in Australia it would be worth noting if similar studies overseas did show any deleterious effect on service provision. Was any attempt made to look for similar studies?

A paper published in oral oncology (1) recommended a shift in treatment paradigm to favour non-operative management due to the high risk of aerosolized Covid-19 virus to surgical and anaesthetic teams early in the pandemic. In contrast, we were able to continue surgical management where indicated. I have included this paper in the third paragraph of the introduction.

Reviewer B:

Overall, a well-written and enjoyable read. COVID-19 seems to have had minimal impact on the HNC surgery at COBLH with appropriate measures put in place. However a few areas need addressing:

Content:

1) Methods: Was an ethics application submitted? If so what was the outcome?

We did not consider ethics application necessary for this paper due to the collected data being of case type, number and elapsed time rather than clinical or demographic in nature.

2) Regarding surgery (lines 185-188), I would please like to know the "substantial number" of tracheostomies that were avoided and whether this was significant comparing 2020 to 2019?

We published an article regarding the use of prophylactic tracheostomy in free-flap reconstructions and in our cohort avoided routine tracheostomy in 47% of patients. We have not specifically compared the number of tracheostomies from 2020 to 2019 but keep this in mind for future publications.

3) Line 227 mentioned "institutions", was there another institution other than COBLH that this data was obtained from? If so, please elaborate.

We have corrected this typing error.

4) Summary of recommendations overlaps with Table 1, suggest removing one of these tables or preventing duplicate information. If summary of recommendations is included, it needs to be referred to within the manuscript and labelled as Table x.

We have removed the summary of recommendations.

Formatting/presentation:
5) Heading on line 93: Please remove Table 1 in brackets and include within the paragraph
6) Line 123: figure 1 should be "Figure 1"
7) Table 2. Could you please round up the minutes data to the nearest whole number?
8) Figure 1: Please remove grey boxed labels: "count of procedure" "procedure" & "years". Also remove gridlines in both bar graphs.
We have modified the text as advised for points 5-8.