Peer Review File

Article information: https://dx.doi.org/10.21037/amj-23-79

Review Comment

Comment 1 The paper should be more substantiated by a clear comparison of the guidelines cited and the different approvals by EMA and FDA
Reply: we added Table 3 that reports a comparison between FDA and EMA approved indications for epoetin and darbepoetin alfa; in addition, Table 4 summarizes what the guidelines say about the use of ESAs in cancer patients.

Comment 2 Diagnosis of iron deficiency neglected
Reply: we added the phrase "As described below, in case of iron or vitamin B12 or folate deficiency a corresponding replacement therapy should be administered". Diagnosis of iron deficiency is described in lines 171-177.

Comment 3 The approval of ESAs in Europe by the EMA is missing
Reply: we reported the date of EMA approval for epoetin beta, darbepoetin and EPO alfa biosimilar (line 108, 117-118, 124).

Comment 4 The Cochrane analysis has several flaws that should be mentioned

Reply: we added the phrase "However, the previously reported meta-analyses had several flaws: for example, with few exceptions, study outcomes were underreported leading to overestimates of both positive and negative effects of ESAs as well as another bias could be the inclusion of studies in which ESAs had been used outside of their indications…"

Comment 5 in this study, the i.v. iron dose was 125 mg weekly, which is clearly underdosed; so, this study shows that sucrosomial iron is equally ineffective.
Reply: the study by Mafodda et al. included patients with CIA, but without absolute or functional iron deficiency.