

Peer Review File

Article information: <https://dx.doi.org/10.21037/aob-23-34>

Reviewer A

The authors present a literature review of outcomes of pregnancy in patients with CML. This is a very important topic with only limited articles written about it.

The authors state that they reviewed 28 articles. These articles should be referenced in a table.

Line 245: The authors should clarify whose recommendations these are (the authors versus other guidelines). It would be better to present all of the data in the results section and put any recommendations in the discussion section.

Line 261: If the values on the CBC count remain around 10 000 to 40 000 and the BCR-ABL level stable... Which values are the authors referring to?

Typographical errors:

Line 80: Tyrosine Kinase inhibitor (TKI) therapy is the standard treatment for CML. TKI are successful 81 in managing CML for long periods of time, The patients are monitored to determine how well 82 they respond. Should read “Tyrosine Kinase inhibitor (TKI) therapy is the standard treatment for CML. TKI are successful in managing CML for long periods of time. The patients are monitored to determine how well they respond”.

Table 1: “Journal of hematology Oncology” should read “Journal of Hematology Oncology”

Comment 1: 28 articles reviewed should be referenced.

Reply 1: We referenced the articles reviewed in table 3 (some references were added after this review)

Changes in the text: See page 11-13 table 3 in the corrected version at the end of the results section.

Comment 2: clarify the recommendations.

Reply 2: The result data are presented in the result section, and the recommendations are presented in the discussion section accordingly.

Changes in text: See result and discussion section.

Comment 3: Correcting the typographical errors.

Reply 3: We corrected the typographical error. The error in line 80 was automatically rectified when the introduction was shortened.

Changes in text: See “ Journal of Hematology Oncology in Table 1”

Reviewer B

The stated objective of this review was to look at the management of CML in the pregnant woman. There are really three scenarios - management of newly diagnosed disease in a pregnant woman, managing cml in a woman on therapy who becomes pregnant, planning the management of cml in the woman on therapy who wants to become pregnant. This review is very confusing as these three scenarios get mixed up in the text and the authors bounce back and forth. To make this a useable reference, this needs to be broken down accordingly and the options made clear. For example, talking about leukopheresis for a woman with good molecular disease control is not relevant, but it is in a newly diagnosed woman with a high white count.

The data on the various TKIs is disjointed. Initially there is nothing on nilotinib, only to see later in another section that there is no data. Asciminib is commented on as an afterthought. This should all be in one section. A comment on what to do if there is a significant loss of response during the pregnancy.

The introduction should be shortened, limiting it to the use of TKI in CML therapy and the teratogenic aspects of these treatments.

Finally, sections specific to results, conclusions and discussions with recommendations should be structured. Right now, these are not well defined.

The English needs a lot of work, mainly in syntax.

Comment 1: The scenarios about the management of CML are confusing.

Reply 1: we broken the discussion according to the three scenarios: management of newly diagnosed disease in a pregnant woman, managing cml in a woman on therapy who becomes pregnant, and planning the management of cml in the woman on therapy who wants to become pregnant.

Changes in text: See discussion's sections page 14 – 16.

Comment 2: Nothing on Nilotinib.

Reply 2: We added the results on Nilotinib. We also addressed asciminib within the same section.

Changes in text: See page 7 the section on “Studies resulting in successful pregnancies exposed to TKIs” Para 4-5-6.

Comment 3: A comment on what to do if there is a significant loss of response during the pregnancy.

Reply 4: we added a comment on what to do if there is a significant loss of MMR during pregnancy.

Changes in text: See page 15 at the end of discussion section line 418 – 421.

Comment 4: The introduction should be shortened.

Reply 4: The introduction was shortened.

Changes in text: See page 3.

Comment 5: Sections specific to results, conclusions and discussions with recommendations should be structured.

Reply 5: We organized the results and discussions using distinct, clear titles.

Changes in text: See results and discussions sections pages 6 – 16.

Reviewer C

The scientific nature of this paper is generally acknowledged. However, it would be better to consider whether the drug(TKIs) dose during pregnancy was administered the same as before pregnancy or at a reduced dose.

Comment 1: Does TKIs dose was administered same as before pregnancy.

Reply 2: We mentioned that TKIs drug dose use was same as before pregnancies in most of all studies.

Changes in text: See page 14, line 367-370 in the new version.