ANSWER TO PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 59303

Title: Adaptation of international COVID-19 and breast cancer guidelines to local context

Reviewer's code: 03075295

SPECIFIC COMMENTS TO REVIEWER

1. Nine experts were invited to vote in the panel (this information is added in the section "Methodology"
2. Three clinical practice guidelines were selected, at least one American (NCCN guidelines) and one European (ESMO, GEICAM):
    - National Comprehensive Cancer Network (NCCN): "Recommendations for Prioritization, Treatment and Triage of Breast Cancer Patients During the COVID-19 Pandemic. The COVID-19 Pandemic Breast Cancer Consortium". Available at: https://www.nccn.org/professionals/physician_gls/default.aspx
    - European Society of Medical Oncology (ESMO): "ESMO Management and treatment adapted recommendations in the COVID-19 era: breast cancer". Available at: https://www.esmo.org/guidelines/cancer-patient-management-during-the-covid-19-pandemic/breast-cancer-in-the-covid-19-era
    - Grupo Español de Investigación en Cáncer de Mama (GEICAM): "Documento GEICAM sobre el manejo del paciente con cáncer de mama en la situación de pandemia de COVID-19 en España". Available at: https://seom.org/images/GEICAM_Recomendaciones_COVID_19_Cancer_de_Mama.pdf
3. This suggestion could be decided with editor, since the intention of show votes and percentages is to demonstrate a consensus between nine experts from SPOM (Peruvian Society of Medical Oncology).

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Reviewer's code: 02476743

SPECIFIC COMMENTS TO REVIEWER

As discussed previously with biostatistics, a literature search was performed using PubMed.

Search Strategy: The systematic search strategy for scientific information using in the development of this review article was carried out following the recommendations of the hierarchical pyramid of evidence proposed by Haynes et al. and the following studies were considered: summaries and clinical practice guidelines.

Search date: The systematic search was made until June 1, 2020.

Search terms: A search strategy was built in Medline/PubMed, without restriction on the language or date of publication. The search strategy is detailed below:

Strategy/Search term
("breast cancer"[Title] AND "COVID-19"[MeSH Terms]) AND "guidelines"[Title]: 49 Filters: Clinical Practice Guidelines: 14

By consensus, the panel members of Peruvian Society of Medical Oncology (SPOM) chose three relevant international clinical practice guidelines from search strategy (NCCN, ESMO , GEICAM) on the topic, at least one American (NCCN guidelines) and one European (in this case, ESMO and GEICAM guidelines).

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Reviewer's code: 02832130

SPECIFIC COMMENTS TO REVIEWER

1. COVID-19 was defined, including virus caused and pandemic status (information added).
2. Term "SARS-CoV-2" was uniformly changed in all the sections of review article in order to avoid confusion.
3. Grammatical error was checked and modified ("this manuscript **contents** some recommendations about oncological medical treatment of breast cancer in COVID-19…"

ANSWER TO PEER-REVIEW REPORT

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Manuscript NO: 59303

Title: Adaptation of international COVID-19 and breast cancer guidelines to local context

Reviewer's code: 02992848

SPECIFIC COMMENTS TO REVIEWER

1. This manuscript is a review article, adapting recommendations made previously from international clinical practice guidelines. This review does not include patients or follow-up (as an original research or randomized clinical trial).
2. COVID-19 infection affect the outcomes of breast cancer in all scenarios (early breast cancer, metastatic breast cancer, neoadjuvant/adjuvant treatment). There are many studies that demonstrate a negative impact in survival in patients who receive a delayed medical treatment, mainly in neoadjuvant/adjuvant situations. These have a time interval established in clinical practice guidelines (for example: neoadjuvant therapy is optimal between 18 – 24 weeks previous to surgery. In addition: the delayed adjuvant treatment for more than 90 days reduce overall survival (OS) in patients with breast cancer compared with those who receive therapy within this determined time).
3. There is an important impact on the prognosis after treatment of breast cancer, including in the COVID-19 era. In early breast cancer, an optimal and complete treatment increase the recurrence-free survival (RFS), mainly in luminal subtype (risk of recurrence persists 5 – 15 years after complete treatment in this scenario). In the case of metastatic breast cancer, although is considered an incurable disease, an optimal treatment can extend overall survival (OS), increase quality of life (QoL) and palliate symptoms. Furthermore, identifying breast cancer patients who require more urgent treatments (for example: HER2 and triple-negative subtypes) than others in the current situation is essential.