

Reviewer #1:

**Specific Comments to Authors:** This article is well prepared and clear to understand. The Oncological Group for the Study of Lung Cancer of the Spanish Society of Radiation Oncology reviews the literature and establishes a series of consensus-based recommendations for the treatment of patients with lung cancer in different clinical scenarios during the present pandemic of COVID-19 crisis. There is no further suggestion and should be published as soon as possible.

*Thank you very much for your positive comments about our manuscript.*

Reviewer #2:

**Specific Comments to Authors:** This paper is a regional guideline for clinical recommendations for lung cancer radiotherapy during the COVID-19 pandemic. That is well-documented. And there are important aspects for the radiation oncologists and clinicians and worth to be published. Minor comment: In Table 2, please consider to give a unit (Gy) in the regimens (FX row).

*We have made the suggested changes to Table 2.*

Reviewer #3:

**Specific Comments to Authors:** We found a new conception of radiotherapy and COVID-19 relation in this report. I think it is better to release it because can cause promotion other reports in this issue.

*Thank you very much for your positive comments about our manuscript.*

Reviewer #4:

**Specific Comments to Authors:** COVID-19 pandemic is serious problem worldwide, and it is very important to discuss this problem. However, there are some points to revise before publication.

1. SARS-CoV-2 and PCR are abbreviations. Authors should define them.

*We have defined the abbreviations.*

2. There are no references about lung cancer in paragraph 2 of Introduction section. Authors should add.

*We have added the relevant references to paragraph 2.*

3. Authors said that "the division of departmental staff into independent operating groups (i.e., shift-based health care activity); the possibility of working from home; the reorganization of physical resources (waiting rooms, consultations, linear accelerator treatment room) to minimize the number of people in the same place". Could you show concrete example about this for reader to image easily.

*We have added the following examples to the manuscript: "for example by converting a waiting room for a clinical consultation or CT scan into a waiting room for the linear accelerator".*

4. Authors wrote that “in whom a temporary interruption or delay in starting treatment is unlikely to lead to significant tumour progression”. Could you show concrete criteria?

*We have added two examples to the manuscript: prophylactic cranial irradiation; postoperative radiotherapy, etc.*

5. In table 1, “DBE” was used. Authors would like to write “BED”?

*Thank you. This has been changed.*

6. If there are report about what chemotherapy regimen is recommended is resent environment, please tell me about it.

*In locally-advanced NSCLC, if conventional RT (60-66 Gy, 2 Gy / session, 30-33 sessions) is performed, any chemotherapy scheme can be used: a platinum-based doublet. If we perform hypofractionated RT (55 Gy / 20 fx) concomitantly with chemotherapy, we recommend the SOCCAR chemotherapy scheme, involving cisplatin + vinorelbine at adjusted doses. This has been added to the manuscript.*

7. If authors have comments about duration of durvalumab after CCRT, please tell me about it.

*As recommended in the PACIFIC trial protocol, the maximum duration of Durvalumab after completing concomitant radiochemotherapy is one year, unless there is disease progression or severe toxicity. In these cases, Durvalumab should be discontinued. We have added this information to the manuscript.*

8. Authors wrote that “PCI could be delayed if brain MRI is used to closely monitor the patient”. Could you tell me how long the duration is allowed?

*If we postpone PCI (due to the pandemic) until CRT has finalized, we would have a two month margin of time from completion of CRT to administer PCI. However, if instead of administering PCI, we decide to monitor the patient with brain MRI, then the minimum duration of MRI-based follow-up should be two years, performed every three months the first year and every six months the second year, as indicated in the protocol of the Japanese trial.*

#### **Step 6: Editorial Office’s comments**

The author must revise the manuscript according to the Editorial Office’s comments and suggestions, which listed below:

**(1) Science Editor:** 1 Scientific quality: The manuscript describes a expert recommendations of the GOECP / SEOR Clinical Recommendations for lung cancer radiotherapy during the CoVID-19 pandemic. The topic is within the scope of the WJCO. (1) Classification: Grade A, Grade B, Grade B, and Grade C; (2) Summary of the Peer-Review Report: The authors reported a resional guideline for clinical recommendations for lung cancer radiotherapy during the CoVID-19 pandemic, which was well prepared and clear. And there were important aspects for the radiation oncologists and clinicians. However, some points need to be revised.

The questions raised by the reviewers should be answered;

*We have responded to the reviewers.*

and (3) Format: There are 6 tables. A total of 106 references are cited, including 40 references published in the last 3 years. There is 1 self-citation. 2 Language evaluation: Classification:

Grade A, Grade A, Grade B, and Grade B. A language editing certificate issued by Londres was provided. 3 Academic norms and rules:

The authors provided the signed Copyright License Agreement, but the Conflict-of-Interest Disclosure Form is not qualified.

*We have redone the Conflict of Interest form and resent it.*

No academic misconduct was found in the CrossCheck detection and Bing search. 4  
Supplementary comments: This is an invited manuscript. The topic has not previously been published in the WJCO.

5 Issues raised: PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.

*Thank you for pointing out some mistakes in our references.*

*We have reviewed and corrected the references without PMID. However, we must point out that, in the current environment (pandemic) in which the situation is changing rapidly, some references are from international websites such as the World Health Organization (WHO), American Society for Radiation Oncology (ASTRO) or American Society of Clinical Oncology (ASCO). References 1, 2 and 4.*

*Two of the citations do not have a PMID number. Citation number 14 has a DOI, but no PMID. Citation number 45 is a poster published in the International Journal of Radiation Oncology Biology and Physics. Usually posters are not registered in the Pubmed library, so no PMID number is available. Thank you for your understanding. We would appreciate if the editorial team knows how to obtain the PMID number for those two references.*