

Answers to Reviewers

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: The study was interesting and the output seems acceptable. The method and materials for assumption and the corresponding results, technical support are admired. However, to strengthen the valuable work, the authors were encouraged to consider revisions as the following constructive comments: 1. Readers will get benefited from a general description of comorbidities (for general readers) 2. Please restructure the article (Ex. Result section contain the information which was supposed to be in the Methods section, also from Introduction section, respectively) 3. The present review's latest content paper was up to 15 Feb 2021. In the meantime, as we are in a Pandemic situation, information becomes obsolete too soon. As we are now in May 2021, and whereas the present version stated that "specific information is limited ", It is advised to review more on the recent paper which reflects/argued the claimed in this version. It seems too soon to conclude with the outcome. However, if the authors mentioned the present studies was a literature survey/narrative up to 15 Feb 2021, its fine, 4. The clinical outcome stated that " In the study by Yang et al., 20 out of 27 (74.1%) patients \geq 60 years old died [10]", Unfortunately, the cited paper does not contain the claimed results. It was believed that an accidental mistake was made on reference DOI: [https://doi.org/10.1016/S2213-2600\(20\)30079-5](https://doi.org/10.1016/S2213-2600(20)30079-5), same in the Auld et al., [48] with 106 and mortality of 44% (Please review for the same). Therefore authors were encouraged to review every related article in the citation for the same error. 5. a review paper should have challenges, solutions/suggestions, and future directions as commented. And the current version still lacks the same. Therefore, authors were encouraged to review the work and update for the same. 6. Minor comments: please review citation (incomplete in the current version): Mitra et al. , Burrell et al., Kennedy et al., Grasselli et al., Richardson et al., Yang et al., Xu et al., Alshukry et al., et. 7. Finally, I valued and enjoy reading your work.

Answers

We would like to thank you for your comments and the useful suggestions. Our answers follow each of your comments.

- 1. General description of comorbidities: The presence of comorbidities of the elderly patients who have been included in the studies of this Review and their relative contribution to the clinical outcome have been commented in a separate paragraph in the Results (page 5).*
- 2. A modification has been made in the text according to your recommendation. Specifically, a paragraph from the Results has been moved to the Methods (page 4, para 4).*
- 3. Indeed, our Review covers the era of COVID-19 articles which give information for ICU elderly patients, up to February 2021. Please note that the submission day of this manuscript was the 8 March 2021. We are aware of 2 subsequent studies focusing on elderly ICU patients with COVID-19, recently released. According to your advice,*

these papers have been included in the revised manuscript (Table 1, as two additional studies; also we comment on these studies in the text (page 8, para 2)

4. *We have checked the study by Yank et al., Lancet Infect Dis 2020, (Reference No. 10 and No 8 in the revised manuscript). Indeed, 20 out of 27 ICU patients older than 60 years, died. This information comes from the Table 1 of this paper. Similarly, we have checked the study by Auld et al., Reference No. 48, and No 46 in the revised manuscript (initially cited as MedRxiv 2020 and now as Crit Care Med 2020). The mortality for patients >65 years old was calculated according to the Table 1 as follows: 57+49 patients >65 years old= 106. 106 patients minus 3 patients still in hospital at the end of the study = 103 patients. Finally, 21+24 =45 patients died in the ICU. Thus, mortality was 45/103, (44%).*
5. *We absolutely agree with you concerning suggestions and future direction as essential characteristics of a review article. We would like to note that despite the huge information on COVID publications this is the first review article on the specific issue. Therefore, as such, it may serve as a reason for future research on the certain issue including systematic reviews, providing that more relevant articles would be published.*
6. *These References have been reviewed.*

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: In this narrative review, the authors have tried to discuss the current characteristics and outcomes of elderly patients admitted to the intensive care units due to SARS-COV-2. This work has a clinical value but authors should do some minor improvements including the following, a- The presentations in the introduction and discussion should be more clear, b- Please add at least one chart or diagram that illustrates the situation. c- Double check the reference list with citations within the text. d- please, refrain from the repetition of the same sentences between introduction and discussion.

Answers

We would like to thank you for your comments and the useful suggestions. Our answers follow each of your comments.

- (a) *We have tried to clarify the information given in both Introduction and Discussion.*
- (b) *If we interpret correctly your recommendation “add a chart or diagram”, this means a flow chart of our research strategy. We would like to remind that the present Review is a narrative one (not systemic or meta-analysis). To the best of our knowledge a flow chart is followed in systemic reviews. Of note, initially, we had not found studies concerning exclusively elderly ICU patients with COVID-19, to present them (as we state in the Methods, third paragraph, page 4); our findings (as they are presented in the Table) come from relative studies that provided separate data for elderly patients, among the whole study ICU population with COVID-19.*

- (c) *Reference list has been checked and corrected according to your recommendation.*
- (d) *We would like to thank you for this observation. We have tried to avoid repetitions in the revised manuscript.*

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Greetings I read your manuscript with interest. You have addressed an important aspects and I believe that your qualitative analysis will help the scientific community. The manuscript is written. However, in my opinion a few minor changes are required 1. Keywords are missing 2. Introduction is too long. Please shorten it to include the background information we have, what is lacking, why your study or analysis is required and what was your objectives 3. Result- please provide a flow chart of your search strategy 4. References- Instead of mentioning all the authors name, you can use six authors followed by et al.

Answers

We would like to thank you for your comments and the useful suggestions. Our answers follow each of your comments.

1. *Keywords had been included in the first submitted manuscript (page 2) as: SARS-CoV-2; COVID-19; Elderly; Critically ill; ICU mortality; Respiratory failure In case of not shown in the uploaded PDF, possibly for technical reasons, they have also been included in the revised manuscript.*
2. *The Introduction has been shorten according to your recommendation (from 636 to 471 words); Emphasis has been given to our objectives (page 4, first para)*
3. *Flow chart:*
We totally agree with you that a flow chart could better describe our research strategy; however, we would like to note:
Although during the preparation of this Review we strived to follow a systemic process in selecting the studies, this is a narrative one (as it has been stated in the Title); as such, it follows the style of this review category. In addition, we would like to note that up to the day of submission (8 March 2021) none study focusing to elderly ICU patients with COVID-19 was identified (as written in the Results section) to be presented in a chart.
4. *References have been modified according to your suggestion.*

Reviewer #4:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This narrative review we summarize the current evidence for the characteristics and outcomes of elderly patients admitted to the ICU due to COVID-19. The paper is very important

Answer

We would like to thank you for your comments.