

Round 1

We thank the editors and the reviewers for considering our manuscript and advising changes to further improve it. We have incorporated all the changes as suggested by the reviewers. We hope, you will find it appropriate for publication now. However, we will be happy to make any further changes you may suggest.

No.	Reviewer's comments	Authors reply	Changes made
#1	The authors studied a very important clinical topic. The manuscript is nicely written. few queries. Some typos and grammatical errors need to be corrected.	Thank you for bringing it to our notice. We have made several changes as suggested by Grammarly.	Necessary changes made through-out the manuscript.
	How the sample size of 400 came?	Necessary text added	Have added a complete para and necessary reference in the "Methods Section"
	How many patients were excluded?	38 patients were excluded	Data added in the results section
	Did mention about missing data, what percentage of patient had missing data and in each scoring classification	Only 4 patients had missing data (mainly admission ABG). So, the data from the ABG performed closest to time of ICU admission was taken to calculate the scores.	As it was only 1% of the total sample size, we have not mentioned it in the results.
#2	Study had limited sample size and the scores are not well validated in subgroups of critically ill patients.	The sample size was calculated using a validated formula and a sample of 400 was considered sufficient. Most of the previous studies in cancer patients had smaller sample size and ours is one of the largest such studies.	Have added a complete para and necessary reference in the "Methods Section"

		<p>We agree with the reviewer that these tools are not completely validated in this patient population, that is why we conducted this study to find out which score performs better. This will certainly pave the way for further studies.</p>	
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Round 2

We thank the editors and the reviewers for considering our manuscript and advising changes to further improve it. We have incorporated all the changes as suggested by the reviewers. We hope, you will find it appropriate for publication now. However, we will be happy to make any further changes you may suggest.

No.	Reviewer's comments	Authors reply	Changes made
#1	The authors have addressed a very important topic in the oncology patient mortality in the ICU using the prediction tools. We know the oncology patients have poor outcome, but this study helps in predicting the validity of the scoring system. I would like the authors to address if any patients were DNT/DNI/in limited care options, as many patients are made DNR (especially oncology patients). If so, that may affect the overall outcome and predictability. I see this a major limitation if we have not excluded	As per the hospital policy, patients with advance directives and those on palliative care are not admitted to ICU. Only 3 patients, who did not give consent for intubation after ICU admission, were included in the analysis. But as this percent was so small (0.75%), it would not have affected our overall results.	No changes made. Language changes have been made throughout the manuscript and "English Language Editing" certificate has been attached too.

	those patient in the analysis Some language polishing needs to be done		
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