

Dear Editor,

first of all we would like to thank you and the reviewers for taking the time to read and comment on our article. We have now modified the paper accordingly.

Please, find here below the answers to reviewers' suggestions.

Reviewer #1:

1) In this review, the authors summarized recent reports of COVID-19 in lymphoma patients. This manuscript is well documented and organized. Since the authors stated that "We also highlighted the potential differences in COVID-19 clinical picture according to lymphoma subtype" in the Abstract, more attention to this point would be welcome to improve the manuscript (eg. Are there any differences of the clinical courses between PTCL and B-cell lymphoma?).

RESPONSE: This is a very important statement. Unfortunately, the literature data currently available only marginally explore the differences of the course and outcomes of COVID-19 infection in different histologies of lymphoma. In the Regalado-Artamendi et al series, authors reported a subanalysis in regard to lymphoma histology, observing that aggressive tumors (i.e. DLBCL) were associated with significantly worse OS compared with indolent forms (i.e. follicular lymphoma; 50% versus 80%; $P = 0.0028$). However, the study was not able to demonstrate clear differences between the various lymphoma histologies, possibly due to the low numbers (these variables were grouped into categories that could have limited the ability to detect factors related to the type of lymphoma and treatment). Similarly, in the French serie of Lamure et al, 30-day OS were 80% (45%–100%) for Hodgkin lymphoma, 71% (95% CI, 61%–82%) for B-cell NHL and 71% (95% CI, 38%–100%) for T-cell NHL with no significant differences between them.

To the best of our knowledge, no study has investigated the difference in terms of outcome between PTCL and B-cell lymphoma. To better clarify this important point we added two sentences to the text on Page 7 at Line 31, Page 8 at Line 1 and page 8 at line 9-14.

2) Also, it would be better to describe the potential effects of immune check point inhibitors on the clinical course if such reports have been published.

RESPONSE: We agree with the reviewer that checkpoint inhibitors (ICIs) have revolutionized the outcomes for many different cancers and treatments based on programmed cell death protein 1 (PD-1) inhibition are the standard of care in many common and rare tumor types. However, the potential impact of treating patients with asymptomatic or pauci-symptomatic SARS-CoV-2 infection with ICIs is still unknown in lymphoma patients. Some studies have investigated this topic on solid tumors. Because of this we added two references and a paragraph in the discussion paragraph on Page 9, Line 26-30.

Reviewer #2:

1. This is an excellent article. Thanks to the authors for this review and the contributions of many researchers.

RESPONSE: Thanks for this comment

2.English writing should be polished. Several highlighted areas should be corrected. For example, “cencer” in page 9.

RESPONSE: The language has been polished as suggested.

3.Abbreviations in the context should be consistent, for example : SARS-CoV2 and Sars-CoV2.

RESPONSE: we have polished the language, we have corrected all the small errors in grammar and syntax, we have also standardized the format of acronyms and abbreviations as suggested.

4.What’s the meaning of paragraph: Lymphoma patients are at high risk of infections? Maybe you can put it in INTRODUCTION or DISCUSSION.

RESPONSE: We had decided to address this topic in separate section to emphasize the state of immunosuppression in patients with lymphoma. However, we canceled this paragraph (leaving the text) in the new version of the manuscript.

5. Page 9, the presence of active disease was a strong predictor of death. This sentence can be included in the conclusion of the article.

RESPONSE: A sentence on page 9, Line 20-21 was added to the text, as correctly suggested.

Reviewer #3:

1. The data such as the efficacy (whether remission) of patients with lymphoma when they are infected COVID-19 should be added.

RESPONSE: This is an important point that deserves to be addressed. We thank the reviewer for this suggestion and we added a sentence in the conclusion paragraph for reinforcing this aspect (page 9, line 21-22)

2. The format of Conclusions should be rearranged and there are too many paragraphs.

RESPONSE: The format of the conclusion paragraph has been now modified, also according to others reviewers suggestions several paragraphs along the paper have been canceled, as correctly suggested.

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