

Response to Reviewers

Specific Comments to Authors:

- 1. The “Author Contributions” section is missing. Please provide the author contributions**

Thank you for this comment. We have mentioned the author contributions in the title page. This was mentioned as “Vijairam Selvaraj, Arkadiy Finn and Amos Lal were responsible for the conception and design of the work, screening of papers, and drafting the manuscript. Joshua Tanzer and Muhammad Baig did the data analysis. Atin Jindal was responsible for the literature review. Vijairam Selvaraj, Kwame Dapaah-Afryie and George Bayliss reviewed and revised the preliminary draft. Vijairam Selvaraj gave the final approval for the published version of the manuscript.”

- 2. The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.**

Thank you for this comment. The figure was prepared and arranged using Powerpoint and uploaded as 68748-Figures.pptx under Image File.

- 3. The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text.**

Thank you. Article Highlights has been mentioned after main text and references. This has been mentioned as:

- “Little known information exists regarding the efficacy of remdesivir in COVID-19 patients with end stage renal disease on dialysis.
- Remdesivir was associated with a trend towards reduced oxygen requirement, reduced probability of progression to mechanical ventilation and better prognosis.
- Larger studies are justified in this high risk, vulnerable population.”

- 4. preferably - control may be used having almost similar treatment (Steroids)**

Thank you for this comment. We agree that it would have been preferable for the number of controls to have used almost similar steroid treatment. However, given the retrospective study design and the change in standard of care over the past year, this was not able to be assessed in our study. This was mentioned in

the manuscript as “While there were data available on the primary alternative treatment (corticosteroids) that patients were receiving, the observational design raised concern that this could be a biased estimate because patients are not treated at random. Because the research question was focused on remdesivir, only patient health characteristics were used as control variables, rather than introducing the complexity of drug interactions within a small sample.”

5. Length of stay in hospital, Concomitant bacterial infection and no of dialysis - must be mentioned in each case and analysed - this will help

Thank you for this comment. The length of stay has been mentioned for the two groups in table 1 under descriptive statistics. This has also been mentioned in the manuscript as “Patients on remdesivir had similar mean and variances in lengths of stay (M = 13.00 days, SD = 7.35 days) as patients who did not receive remdesivir (M = 12.16 days, SD = 8.38 days).”

For concomitant bacterial infections, due to the critical nature of illness, many patients that were severely ill were empirically treated with antibiotics. Lab studies such as procalcitonin were not sent to assess for concomitant bacterial infection. For the no of dialysis, many critically ill patients in our study were on continuous renal replacement therapy and HD. Because of this, we were unable to assess the no of dialysis in this population.

6. RT PCR negativity days may also be mentioned (if available)

Unfortunately, we did not obtain repeat RT PCR testing for all patients in our study. Repeat RT-PCR testing was only obtained in select patients that were discharged to skilled nursing facilities. Hence, we could not assess RT PCR negativity days in our study population.

7. This is a well written paper. It can be accepted after proper clarification asked from authors Topic -Feasibility may be removed. The questions raised by the reviewers should be answered

Thank you for this comment. The term ‘Feasibility’ has been removed.