

Dear Editor,

We appreciate the opportunity to submit a revised version of our work following all your recommendations and the reviewers' ones.

We have responded to all the reviewers' concerns regarding the manuscript.

We have tried to improve the manuscript with our changes.

We are indebted for the opportunity to reply to the reviewers that have allowed us to improve our manuscript with a more robust message. Please, let us know if some additional improvement can be done.

Specific Science Editor comments/ suggestions:

Issue 1: 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.

Response: Thank you for this observation. We provide the original figures using PowerPoint.

With kind regards,

Frank D. Martos-Benítez

Reviewer #1:

Thank you for your positive comments and constructive criticism of our work; you have helped us improve our manuscript.

Issue 1: The manuscript is excessively long, even though it is a revision, some sections could be summarized.

Response: Thank you very much for this helpful comment. Sentence by sentence of the text were checked, and all sections were summarized. Given the importance of “acute respiratory failure” and “neutropenia and sepsis” in the field of critical care medicine, little changes were made on these sections. In accordance with your suggestion, the manuscript (from Introduction to Conclusions) was condensed from 31 pages to 23 pages. In order to summarize manuscript, information in the text was shifted to tables or figures. Therefore 1 table was added in section NEUROLOGICAL DISORDERS (Table title: Causes of cancer-related seizure and cancer-related acute hydrocephalus); changes in table 3 were performed; and figure 4 (Title: Pathogenic, diagnostic and therapeutic approach of chemotherapy-associated cardiac dysfunction) was added in section CARDIOVASCULAR DISORDERS; and references were reduced from 230 to 186 and updated.

Issue 2: After the cardiovascular disorders section, no diagram or figure is shown to facilitate the understanding of the manuscript and to provide a summary of the information.

Response: Thank you for bringing this matter to our attention. We appreciate your point, and further figure is shown to provide a summary of the information (Figure 4: Pathogenic, diagnostic and therapeutic approach of chemotherapy-associated cardiac dysfunction).

We hope to have responded to your comments/ suggestions.

Reviewer #2:

First of all, thank you so much for reviewing our work, for your comments and interest in our work.

Issue 1: If possible, similar issues on some special cancer populations such as pregnant women and elder patients can be supplemented.

Response: Thank you for this comment. Unfortunately, we are unable to satisfy your suggestion. 1-) We only have 14 days to send the revised manuscript. To supplement this review with issues on pregnant women and elder patients, we need to carry out a bibliographic searching, and then checking, editing and writing the selected bibliography, which is very difficult to make within 14 days.

2-) However, we explored this topic on MEDLINE and we found several studies in the general population of cancer patients, but no result was found specifically in the field of Critical Care Medicine. 3-) The aim of this review was “to provide critical care clinicians with an overview on relevant and current information on epidemiology, diagnosis, and treatment of the main clinical disorders experienced by cancer patients with a critical illness.” We did not purpose to treat special population such as pregnant women and elder patients. These issues are beyond the scope of this review.

We hope you understand our point of view.