RE: bmjspcare-2021-002946

Dear Editorial Manager,

We sincerely appreciate all valuable comments and suggestions from the reviewers and the Editorial Office, which helped us to improve the quality of our article.

We have thoroughly addressed all raised issues. Appropriate changes have been added and are tracked in the updated manuscript.

We look forward to hearing from you,

Yours sincerely,

On behalf of all coauthors,
Dr Carole Bouleuc, MD

DETAILED RESPONSES TO THE REVIEWERS

Reviewer #1:

1. The authors reported the organization of their noble onco-palliative ethics meeting for hospitalized patients with advanced cancer and COVID-19. It is a noble approach to the very challenging pandemic situation.

The authors are thankful to reviewer 1 for this remark.

2. The details of this meeting could be described more. It was still not fully clear to this reviewer how this meeting functioned.

We thank the reviewer to give us the opportunity to detail in-depth how the meeting was set and operates.

We added this paragraph in the chapter « The new onco-palliative ethics meeting »

« The meeting operates as follows: junior oncologists present the patient medical history describing the oncologic setting and the Covid-19 disease characteristics. The issues that were discussed during the meeting were grouped into five main themes: resuscitation status; Covid-19 disease management; cancer treatment changes or discontinuation; sedation and end-of-life care; information to be delivered to patients. Prognosis of cancer disease was documented by the treating oncologist. Patients and their family's knowledge and understanding of life-threatening risks, as well as wishes for potential transfer to an intensive care unit was assessed by psycho-oncologists and/or palliative care team. The member of the ethics committee was responsible for ensuring the smooth running of discussions."

3. Line 114, "two to five cases were discussed per day". How were these cases selected? Was it consulted from the primary team? Or was the committee set the certain criteria so that cases were picked up for discussion?
The authors are thankful to reviewer 1 for this remark.

We added this paragraph in the chapter « The new onco-palliative ethics meeting »
"The cases were selected by the primary team (junior oncologists, ward physicians, and residents) when there were facing complex and disrupting medical situations concerning advanced cancer patients with Covid-19. We did not previously set any defined criteria, in order to let spontaneously emerge new and unknown medical challenges."

4. Can the author not present the data of cases discussed? Because this approach is noble, I would like to know clinical characteristics, the breakdown of the reasons for consultation to the meeting, etc.

The parameters systematically presented and main issues discussed are described in table 1.
All data collection and analysis are still a work in progress.
Nevertheless, we propose one example of the data collected in an added table (see below).

5. By the same token, table 2 described the ethical dilemma encountered and selected guidance, but it would be interesting to show a couple of case scenarios. That way, the readers would have a better idea how this onco-palliative ethics meeting helped the challenging cases.

The authors thank you for this suggestion and we added a table 2 with one example of clinical case.

Reviewer #2:

1. This paper by Thery L *et al.* is an interesting article on ethical dilemma and onco-palliative issues in cancer patients in the COVID-19 era.
The authors are thankful to reviewer 2 for this nice comment.

2. A critical issue during the pandemic was the scarcity of resources, mainly the availability of ICU beds. Is there an ICU (and with how many beds) 24/7 in the hospital? Were new ICU beds created in the hospital during this period?

We added this paragraph in the chapter « Organization of care for inpatients with COVID-19"
« If necessary, the patients were transferred to a dedicated ward in our 8 beds intensive care unit. At the peak of the first wave, non-urgent carcinological interventions were suspended; 6 additional intensive care beds were added in the operating room, so that COVID-19 free and COVID-19 positive patients were clearly separated. »

3. How is constituted the Ethics Committee? At least one member of the EC was present at each daily meeting: were the ethics committee members also caregivers of the palliative care team, oncologists, other? A brief description of the Committee would be welcomed.

To respond to information request, we added a chapter « The Ethics committee »:
« Most of the Ethics Committee members are caregivers open-minded for ethical issues, and some of them also have certified degree in ethics. The group is composed of five oncologists and two oncology nurses, two physicians and one nurse from the palliative care team, one intensive care physician, two psychiatrists. The other Ethics Committee members are a chief financial officer, a jurist, and a sociologist. The members are elected for two years. First mission of the ethic committee is to participate to multidisciplinary team meetings for complex situations. Prior to the COVID-19

health crisis, this participation took place approximately 3 times a year, in our institute with 300 beds. Other missions were to organise two-hours meetings three times a year for a theorical debate about one ethical question and to conduct a yearly two-day training. »

4. To help to build other Ethics Committees, could the authors recommend how to size an ethics committee in a hospital? How many interventions may be necessary, can we suggest a kind of ratio such as xx interventions for yy beds, requiring zz persons in the ethics committee?

Prior to the COVID-19 health crisis, the participation in multidisciplinary team meetings took place approximately 3 times a year, in our institute with 300 beds. We added this information in the text above.

5. Could the authors discuss how the meetings during the pandemic differ from ethics meeting in non-Covid era? (in other words, are the occurrence of an acute respiratory failure due to SARS-Cov-2 and other types of acute events fundamentally different in patients with an advanced cancer?)

We added this paragraph in the chapter "The new onco-palliative ethics meeting. »
"The usual onco-palliative meeting evolved into the onco-palliative ethics meeting in several ways: from a face-to-face to a virtual meeting, from a weekly to a daily basis; and with a composition enlarged to more oncologists, to one intensive care physician and to at least one ethics committee member".

6. The reference numbers are somewhat 'exotic' and should be carefully checked. E.g., p.3, l.21, ref 6,79,10??? (= 6-10?). The references are not shown in order of appearance, e.g., p.3, l.52: ref 19! P.7, l.23: ref 38-39 =?

We apologize for these mistakes in references number, which were entirely checked and edited, also adding the lacking reference 25.

7. Table 1: what means "oncologist knowing and not knowing (in fold) the patient"?: Should we understand that at least two oncologists were involved in the meeting?

We clarified in the table and transformed into "treating oncologist and other oncologists".