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Reply to Chowdhary et al

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Abstract:	

Reply to Chowdhary et al

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4 We would like to thank Chowdhary et al. for their constructive comments¹ regarding our
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6 recent publication describing mortality rates in a cohort of COVID-19 patients with a history of
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8 radiotherapy². We wholeheartedly agree that additional potential risk factors, including
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10 comorbid medical conditions³, should be included in future analyses on this topic. We are
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12 currently sharing patient data with large national and international consortia^{4,5} to enable more
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14 definitive analyses.
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20 To try to address other concerns about our analysis, we now present updated data.
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22 Additional deaths have unfortunately occurred in our cohort of 107 patients, including deaths
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24 more than 14 days after COVID-19 diagnosis. The actuarial 14-day survival rate is now 75%, and
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26 the 45-day survival rate is now 61%. Figure 1 depicts the relationship between primary cancer
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28 type, mean lung radiotherapy dose, and vital status in our dataset. Figure 2 contains updated
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30 Kaplan-Meier survival curves.
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35 We invite readers to make their own interpretations of our data. We find it plausible
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37 that patients with a history of significant lung irradiation may be at increased risk for
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39 complications when faced with a serious viral pneumonia. Until more conclusive data are
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41 available, we hope that all patients with thoracic cancers/tumors receive appropriate guidance
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43 and social support to minimize their risk of contracting COVID-19.
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4 **Figure 1:** Scatter plot depicting primary cancer diagnosis, mean lung radiotherapy dose, and
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7 vital status for patients who contracted COVID-19.
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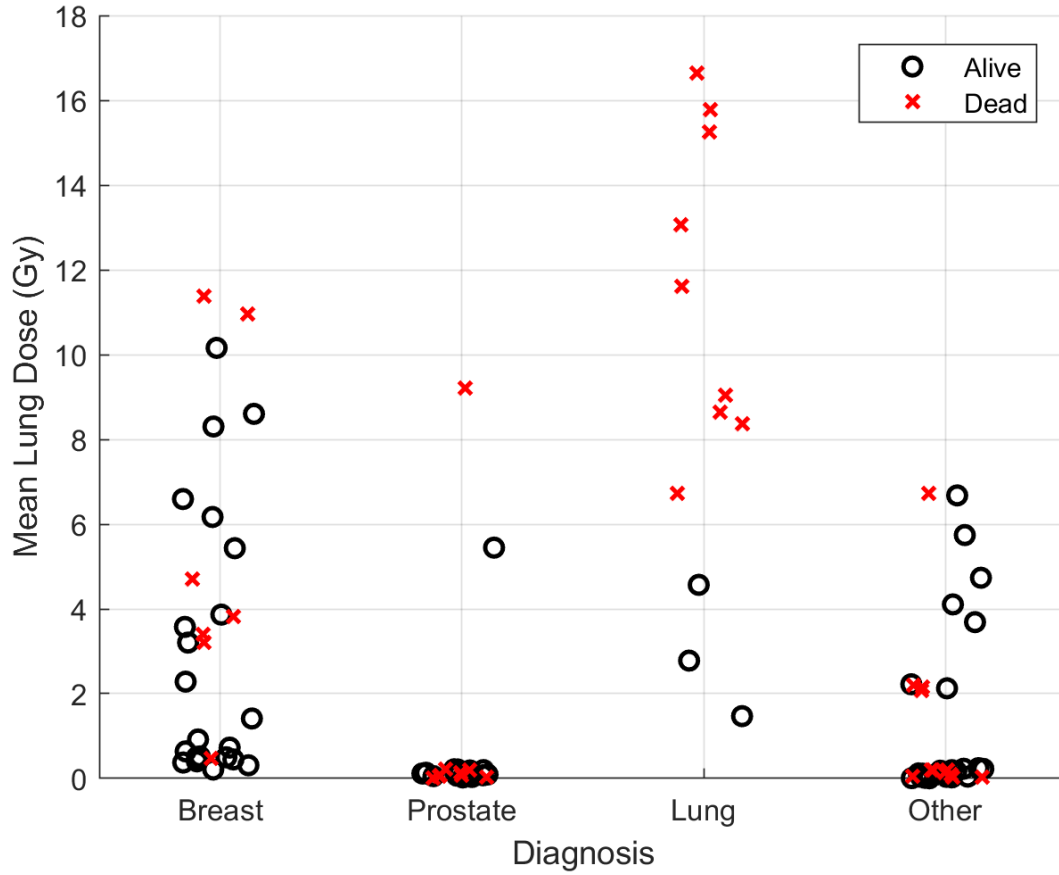
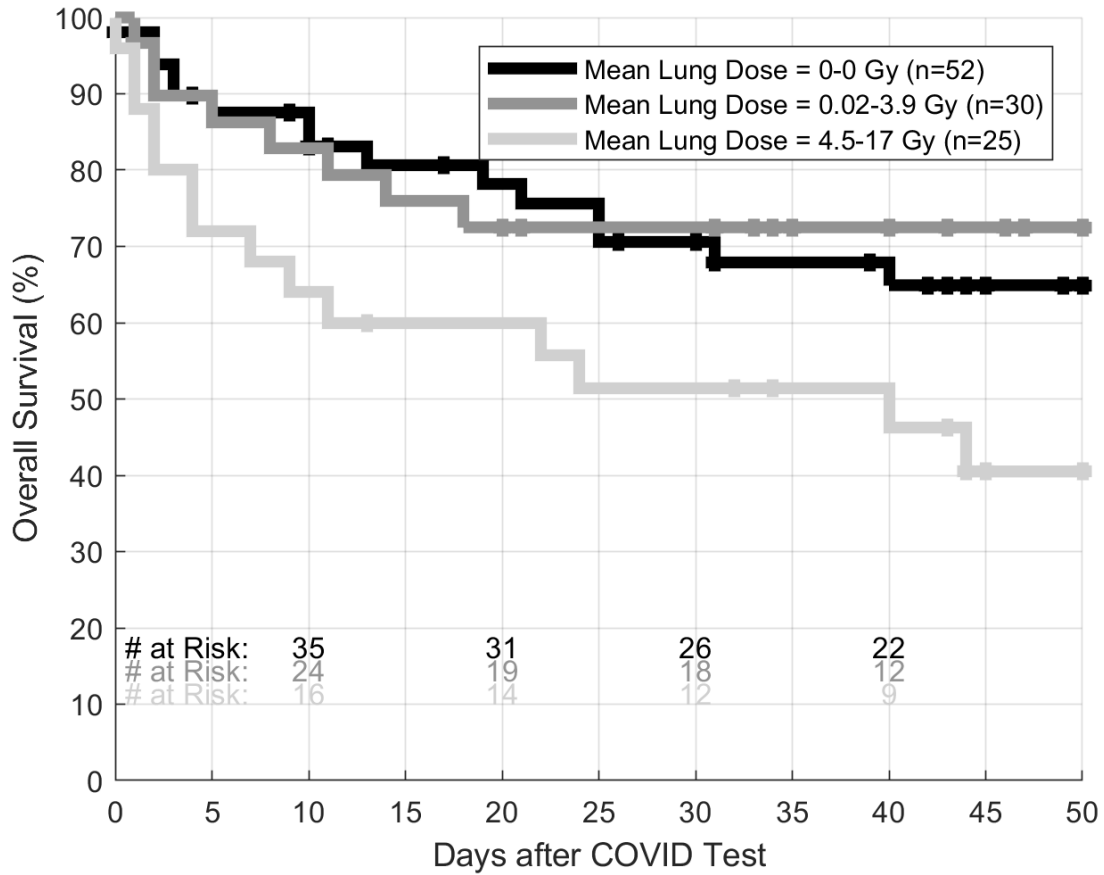


Figure 2: Updated Kaplan-Meier overall survival curves for patients grouped by mean lung radiotherapy dose.



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