Article details: 2020-0166	
Title	The effect of comorbidity on primary care use during breast cancer chemotherapy: a population-based retrospective cohort study using CanIMPACT data
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Reviewer 1	Dr. Prafull Ghatage
Institution	University of Calgary, Tom Baker Cancer Centre
General comments (author response in bold)	Comments to the Author In the discussion I would like the authors to comment/expand further on the PCP visits - would you consider a questionnaire to the PCPs to help in understanding why there was an increase in visits. Would a questionnaire to all patients be useful patients rather than assuming a ceiling effect for those with high physical comorbidity and/or MHH. What sort of data would you ask for? **We thank the reviewer for raising this point. We have now added text to the "limitations" section outlining a potential future study clarifying the increase in PCP visits and addressing the limitations of using diagnostic codes for this purpose. P. 11, 12**
Reviewer 2	Dr. Jonathan Simkin
Institution	The University of British Columbia School of Population and Public Health, BC Cancer Agency
General comments (author response in bold)	Comments to the Author Thank you for the opportunity to review this article. It is very well-written and engaging. The topic is important and provides important information for clinicians in primary care and oncology, involved in the care of breast cancer patients. This study helps clarify why patients may visit PCPs more often, highlights psychosocial needs of patients and emphasizes the presence of and need to clarify roles among multi-disciplinary teams in patient care. Below, I suggest a few minor edits for your consideration: For the abstract • In the methods section, can you clarify what the baseline is? **We thank the reviewer for their above comments. We have clarified the baseline in the methods section of the abstract. P. 2.** • What's your N? **We have added the N to the abstract. P. 2.** • How were your rate ratios and confidence intervals calculated? I suggest you include the negative binomial regression analysis in methods. **Thank you. We have now added mention of the use of negative binomial regression analysis to the abstract. P. 2.** The introduction is nicely written. **Thank you for the positive feedback.** Methods • How many cases were excluded (line 46-53) or were exclusions already applied to analytic file before you received it for analysis? **This is an excellent question. We have now added a sentence describing that the exclusion criteria were applied to the analytic file**

	in the "study population" section. P. 5. • In your Methods section, can you include the confounders included in your final model. Can you also clarify how/why these were chosen? i.e. were some a priori? Were some assessed statistically whether significant? Contextually/mechanistically important? **Thank you for the insightful comment. We have now clarified how potential confounders were selected in the third paragraph of the "variables" section. P. 5, 6. All of the confounders listed in this paragraph were included in the final model.** Results • Did treatment typically occur right after diagnosis? Consider adding a Median time from diagnosis to treatment. **We have now added the median time from diagnosis to treatment in the second paragraph of the "results" section. P. 8.** The interpretation is well written and referenced. **Thank you for the positive feedback.**