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**Title:** Cutaneous leishmaniasis: a 10-year experience in a Canadian reference centre for tropical diseases

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**PEER REVIEW COMMENTS and author response in bold**

**Reviewer 1: Dr. George Giovinazzo, Migration Health Branch**

One might consider changing the word 'cure' in line 240 to 'clinical cure'. This would be helpful to readers who might not have an in-depth familiarity with leishmaniasis.

**Thank you for your comment. We added clinical cure in the abstract and in the main text P8L201, P11L271 and L277 and P12 L288.**

**Reviewer 2: Dr. Bayan Missaghi, University of Calgary Cumming School of Medicine** Dear

Overall, I found your manuscript to be both well written, as well as informative and an excellent contribution to the existing North American literature on this important topic.

**Many thanks for your feedback.**

In brief, I would be happy to endorse this paper for publication after some minor changes:

1. Line 39 - would omit the word "the"

**Thank you, the sentence was removed.**

2. Line 59 - would either write "are a protozoan infection" or "are protozoan infections"

**This was corrected to protozoan infections.**

3. Line 61 - change "individual" to "individuals"

**This was corrected.**

4. Line 68 - would omit the word "the"

**This was corrected.**

5. Line 85 - would change to "A recent study."

**Thank you, this was corrected.**

6. Line 114 - would change to "means and standard deviations or as median and interquartileranges (IQR).." **This was corrected.**

7. Line 118 - would change "was" to "were".

**This was changed.**

8. Line 153 & 154 - I am a little confused by the numbers in Supplemental Table 3. The number of cases in the Top Countries column sometimes (but not always) adds up to the total number of cases in the Traveller's and Migrants column. Is this because you do not have full data for all of the cases? Please clarify. **Thank you for your comment. As mentioned below Supplemental table3, speciation was not available for 5 patients. That is the reason why the numbers do not always add up with the total number of cases.**

9. Line 165 - From Table 4, it sounds like a total of 20 individuals received Liposomal Amphotericin B as first line treatment and that another 4 individuals received it as second line treatment. You also mention on Line 163 that 35 out of 48 total patients had a complete 1-year follow-up after initiation of treatment, of which 31 were cured. Line 165 then mentions that amongst patients who completed their follow-up, 11 patients (69%) responded successfully to one course of treatment with L-AmB. Based on that it sounds like 16 patients completed a 1-year follow-up, after having been treated with L-AmB. Is that correct? How many of these patients were lost to follow-up? 4? (May want to include a figure to help clarify at what points the 27 patients lost to follow-up were lost to follow-up). **Thank you for this comment. In fact, the**

16 patients are those who received L-Amb only and followed for at least one year. 11 patients amongst the 16 who received only L-Amb responded successfully. A total of 4 patients were lost to follow-up. Clarification was added P8L230. The follow-up time period was very heterogeneous among patients. For example, some patients were seen only once because they were coming from a remote area and were referred for expert opinion and guidance on management and were sent back to their referring physician afterwards. Given the retrospective nature of the study and the very different follow-up periods, we decided to look at the outcome after one-year to ensure clinical cure. The exact follow-up time was missing for many patients, so we decided not to keep this variable.

10. Line 168 - would change "patient" to "patients". **Thank you, this was corrected.**
11. Line 188 - would change "refugee" to "refugees" **Thank you, this was corrected.**
12. Line 189 - change wording to "before the diagnosis" **Thank you, this was corrected.**

Of note, in reference to Lines 139-141, I found it odd that 19 patients (40%) consulted a dermatologist before being referred to your clinic, but that only 2 of those 19 (10.5%) had a diagnosis of CL established before being referred. Seems very low. Was that because skin biopsies for Leishmania PCR had not been taken yet (and/or were pending results), or was it because Canadian dermatologists are poorly trained/experienced in this area and had not considered this diagnosis? Please consider, clarify and address in the discussion. **Most of them were referred with a suspicion of CL but the diagnosis was not confirmed. 10.5% came with a confirmed diagnosis. This was clarified in P7 L172-173**

Otherwise, based on my detailed review, I would say that your paper is well written. The background accurately describes our current knowledge in this field, you explain very clearly why you conducted this study, your research question is clear, and your study design is appropriate. The methods section is outlined clearly in sufficient detail and your data analysis plan is sensible based on your design and data. As mentioned above, I did find some of the numbers in the Results section to be a bit confusing (as far as where they came from and how they are presented - e.g. Supplemental Table 3). The other figures and tables were well done. Your discussion is thoughtful, but would suggest that you explicitly mention weaknesses - such as the fact that this is a small study, in addition to those you've mentioned (i.e. documentation of treatment response at standardized time points difficult to obtain, 27% of patients lost to follow-up within 1-year, etc). Lastly, I believe the final conclusions you make are quite reasonable. **Thank you for your comments. We added a sentence mentioning that it is a small study.**