Overall this was a clear, relatively straightforward study of COVID-19 booster responses in cancer patients. For my suggestions on how to further improve the study beyond the grammatical changes in the updated manuscript, please see the comments below and some smaller comments in the text of the manuscript.

Major comments:

* I am not sure the concluding sentences of your study of your Abstract are ideal points to highlight. In general, I would expect to see stronger immune responses in patients recovering from infections than vaccinated patients, so your results hardly seem surprising even given the caveat of anticancer drug-induced immunodeficiency. Consider rephrasing them while taking this into consideration.
* Given the short format of this article, I am not sure that the Introduction section, as written, adds much value – does your target journal require both the Abstract and Introduction? It may be beneficial to extend the Introduction or to remove the redundancies between the two sections.
* The use of the “blood test 1” and “blood test 2” naming is not optimally informative and I have attempted to remove these terms in favor of more informative terms where possible. I would recommend adjusting the Figure similarly if possible.
* It appears that most of the COVID-19 breakthrough infection cases in your cohort had antibody titers that were above the maximum detection range of the assay you used to measure IgG levels (40,000 AU/mL). Is that correct? If so that seems like a significant limitation of this study – while it wouldn’t change your main conclusions, It certainly seems to hamper your ability to perform robust statistical analyses. I suggest directly addressing this limitation at some point.
* You seem to freely alternate between using SARS-CoV-2 and Covid-19 when referring to IgG titers. While the former is obviously more technically correct, both are often accepted, and for the sake of consistency, I suggest you standardize throughout other than when naming specific assays or products.
* More detail on what criteria were used to guide patient inclusion/exclusion or any potentially relevant subgroups may be of benefit.
* If relevant studies are available, your Discussion would benefit from spending more time discussing what is and is not known of oncology patient vaccine responses more generally through an extended discussion of this topic.