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Reviewer A

The authors aimed to summarize the various methods of screening and effectiveness in triggering palliative care referral for patients with gynecologic cancers. There are several comments on the manuscript to improve.

Introduction
Comment 1:
The authors focused on patients with gynecologic cancers. In lines 94 – 104, the uniqueness of patients with gynecologic cancers was mentioned. However, it seems that the rationale for focusing on patients with gynecologic cancers was insufficient. I doubt there is any difference in symptom burden or PPS range. Please clarify more why the authors focused on the patients with gynecologic cancers.

Reply 1: Added additional literature supporting gynecologic oncology patients as unique in terms of symptom burden (compared with other medical oncology patients)

Changes in the text: See page 5, lines 105- 110

Methods
Comment 2:
How did the author define “palliative care”? Only specialized palliative care? Or included primary palliative care?

Reply 2: I defined palliative care as specialized; I added clarification to the methods section so that readers are aware of definition used.
Changes in the text 2: Page 6, line 132

Results
Comment 3:
The results were detailed. However, it can be hard for readers to understand just the text, in my view. I suggest the authors will add just one table which summarizes the review results (including sample characteristics). Please refer to other (systematic) review papers.

Reply 3: Noted, table added

Changes in the text: Table 2 (separate attachment uploaded)

Discussion
Comment 4:
In lines 260 – 263, the authors mentioned poor specificity. However, high sensitivity is more important for screening tool such as SQ, so please discuss more about 'sensitivity' here.

Reply 4: Noted, removed section addressing negative/positive predictive value as this was unclear. Left in section about sensitivity of tool and its use as potential screen for PC referral.

Changes in text: Page 9, Line 183-186 (strike through)

Conclusions
Comment 5:
Based on the review, the authors recommended NO screening tool so far now? In fact, it takes long time to develop new screening tool. If possible, please add clinical implication in the conclusion section.

Reply 5: No specific screening tool emerged as superior to any of the other tools – mostly because tools studied varied in setting location and population (i.e., inclusion of patients with other solid tumor diagnoses). However, further evaluation of included methods would be worthy of study, as well as addition of more recent findings that portend poor prognosis in this patient population (i.e., hypercalcemia, short duration of remission prior to recurrence, etc). Of note, I am working on my thesis for PhD in Palliative Care (University of Maryland, Baltimore) and this will likely be the focus of my research.

Changes in text: Page 16, line 339-347

Reviewer B

This is an important topic with a paucity of research. I think the articles reviewed truly do represent most of the literature about pall care screening or triggers. However, there is one important recent publication that is lacking inclusion and I think it is very important to include. I have attached this below. I think the review should delineate inpatient and outpatient palliative care referral tools and this article below along with the promis publication should be noted for outpatient use.
J Natl Compr Canc Netw
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doi: 10.6004/jnccn.2020.7803.

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Phase II Trial of Symptom Screening With Targeted Early Palliative Care for Patients With Advanced Cancer

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- PMID: 34492632

- DOI: 10.6004/jnccn.2020.7803

Abstract

Background: Routine early palliative care (EPC) improves quality of life (QoL) for patients with advanced cancer, but it may not be necessary for all patients. We assessed the feasibility of Symptom screening with Targeted Early Palliative care (STEP) in a phase II trial.

Methods: Patients with advanced cancer were recruited from medical oncology clinics. Symptoms were screened at each visit using the Edmonton Symptom Assessment System-revised (ESAS-r); moderate to severe scores (screen-positive) triggered an email to a palliative care nurse, who called the patient and offered EPC. Patient-reported outcomes of QoL, depression, symptom control, and satisfaction with care were measured at baseline and at 2, 4, and 6 months. The primary aim was to determine feasibility, according to predefined criteria. Secondary aims were to assess whether STEP identified patients with worse patient-reported outcomes and whether screen-positive patients who accepted and received EPC had better outcomes over time than those who did not receive EPC.

Results: In total, 116 patients were enrolled, of which 89 (77%) completed screening for ≥70% of visits. Of the 70 screen-positive patients, 39 (56%) received EPC during the 6-month study and 4 (6%) received EPC after the study end. Measure completion was 76% at 2 months, 68% at 4 months, and 63% at 6 months. Among screen-negative patients, QoL, depression, and symptom control were substantially better than for screen-positive patients at baseline (all P<.0001) and remained stable over time. Among screen-positive patients, mood and symptom control improved over time for those who accepted and received EPC and worsened for those who did not receive EPC (P<.01 for trend over time), with no difference in QoL or satisfaction with care.

Conclusions: STEP is feasible in ambulatory patients with advanced cancer and distinguishes between patients who remain stable without EPC and those who benefit from targeted EPC. Acceptance of the triggered EPC visit should be encouraged.

Reply: thank you for sharing this important piece of literature. I incorporated it into the study. I broke down the screening methods across setting as well (inpatient, outpatient).

Changes in the text:

Page 7, Results, lines 136-140
Page 11-12, lines 240-255
Page 15, Discussion, lines 308-317

Reviewer C

Your narrative study provides a valuable assessment of the current landscape of method of referral to PC for women with gynecologic malignancy. I hope this piece will encourage more research and thinking on this subject as the involvement of PC in gyn onc care is necessary and needed.

Reply: Thank you for your review and encouragement in exploration of this topic.