

## Peer Review File

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### Reviewer A

Comment 1: There are a few typographic errors and concerns about “presentation format (e.g., I am not sure what value the case presentation adds to the article)”

Reply 1: The case presentation has been deleted. (Page 2 lines 23-42). Typographic errors have been corrected.

Comment 2: The article would be more impactful if the authors focused on recent developments or emerging issues in palliative care for CRC and AC. A thorough review of the literature would be helpful in this regard.

Reply 2: A chapter titled: “Recent developments in PC and CRC” has been added with references for published papers intersecting on CRC and PC on page 11 lines 241-273.

### Reviewer B

Comment 1: The authors start by a clinical case; I am not sure that will be necessary as the paper is very long.

Reply 1: The case presentation has been deleted. (Page 2 lines 23-42).

Comment 2: In the introduction chapter, the definition is confusing, you should keep the colorectal cancer description ( 85 to 100, with references as the first part ( 47-66) do not have any references. It should be moved at the end of the chapter)

Reply 2: The colorectal cancer chapter has been revised and moved per request. The definition (originally in lines 47-49) have been moved to the beginning of the chapter (now on page 6 lines 119-121). I have added references.

Comment 3: In the palliative care definition chapter the WHO definition should be added.

Reply 3. The CAPC definition of palliative care has been deleted (lines 71-74). The WHO definition of palliative care has been added on page 9 lines 191-195 and cited.

Comment 4: In the symptoms, chapter should be clearer as following:

Comment 4a) Symptoms frequency: please provide references for each symptom frequency.

Response 4a) Citations for symptom frequency have been added. See below for details.

Pain: Jiang et al was added on page 14 lines 293-294 to describe the prevalence of pain.

Distress: Citation added to describe the prevalence of distress described in more detail on lines page 22 on lines 483-484.

Constipation: A citation regarding prevalence of constipation added in lines page 18 lines 380-381.

Permanent ostomy: Prevalence of ostomy has been added on page 19 lines 406-407 with an associated reference.

Opioid induced constipation: A citation from Harada was added to describe opioid induced constipation on page 18 on lines 380-381.

Nausea and Vomiting: A citation was added lines on page 19 lines 421-422 to describe the frequency of nausea and vomiting.

Anorexia: A citation was added to describe the prevalence of anorexia was added in lines on page 20 lines 445-446.

Small bowel obstruction: A reference citing the frequency of bowel obstruction was added in lines one page 21 lines 455-456.

Embarrassment and shame: A citation describing embarrassment and shame was added in lines on page 23 lines 502-503 that describes a qualitative study. I was unable to find a published reference on the frequency of shame/embarrassment.

Comment 4b) Pain (more references are needed ...in fact in each statement ).

Response 4b) The pain chapter revised with references for each statement. (Page 13-16 Lines 290-346).

Comment 4c) If you state (141) “the higher doses of opioids may lead to dose- dependent and problematic side effects...constipation “you need to have a reference here, as the constipation is not really dose dependent.

Response 4c) The dose dependent language has been deleted. Citations have been added.(page 18 lines 377-399).

Comment 4d) It will clearer have sub chapters as :liver metastasis, liver capsule ,pain.

Response 4c) Sub-chapters have been created: Neuropathic pain (page 14 line 306), Treatment related pain (page 15 line 320), Pain due to liver metastases (page 15 line 333), and Liver Capsular Pain (page 16 line 340).

Comment 4e) Constipation (more references are needed ...in fact in each statement).

Response 4e) References were added to support statements. (Pages 17-18, Lines 377-398). Target number of bowel movement line was deleted as I was unable to find a reference to support this number.

Comment 4f) Ostomy (more references are needed ...in fact in each statement).

Response 4f) The paragraph was edited. References were added to support each statement (page 18 -19, lines 401-417).

Comment 4g) Nausea and Vomiting (more references are needed ...in fact in each statement).

Response 4g) This paragraph was edited with references were added to support each statement (Pages 19-20, Lines 419-437)

Comment 4h) Anorexia (more references are needed ...in fact in each statement).

Response 4h) This paragraph was edited. References were added to support each statement. (Page 20-21, Lines 442-452)

Comment 4i) Malignant Bowel Obstruction (more references are needed ...in fact in each statement).

Response 4i) This paragraph has been edited with references added to support each statement. (Page 21, Lines 454-463).

Comment 4j) Psychological and spiritual distress should be a new chapter including the chapter Embarrassment and shame with more references for this last part.

Response 4j) The psychological and spiritual distress chapter was moved after the small bowel obstruction (now starts on page 22, line 476). Embarrassment and shame have been included in this same chapter and starts on page 23, line 500. Additional references were added in both sections.

Comment 5: Communication should be a new chapter including ACP.

Response 5: Advance care planning has been integrated into the communication chapter which begins on page 24, line 530. Communication is described on pages 24 -26 lines 530-565. Advance care planning follows this section within the same chapter between on pages 26-27, lines 567-593.

Comment 6: Models of palliative care and barriers should be a new chapter or be in the introduction chapter?

Response 6: The palliative care section which starts on page 9 line 191 now includes models of care. The models of palliative care can be found starting on page 10, lines 208-221 and barriers to palliative care is now on pages 10-11 on lines 222-239.

Comment 7: The tables should propose the treatment as shown in the recommendations i.e., first step, 2 step, or propose a decisional tree.

Response 7. Both tables were reconfigured. I did not use track changes for the tables but instead reconstructed them for easier viewing.

Table 1 (Constipation) has been reconstructed. Medications are organized by class with examples of specific medications and special considerations. Additionally, a scripted algorithm on treatment recommendations has been included in the body of the manuscript (page 18 lines 387-397).

Table 2 (Cancer induced nausea and vomiting) was similarly reconstructed. This table has medications listed by class, with adverse effects and contraindications. Additionally, the body of the manuscript was also edited to clarify the approach in

using antiemetics for CINV which can be found in lines page 20, lines 427-437 with appropriate references.