

## Peer Review File

Article information: <https://dx.doi.org/10.21037/apm-23-67>

### Reviewer Comments

#### Reviewer A

Comment 1:

This is a well written article with a comprehensive review of the literature broken down by primary tumor site. The bladder is the most well-defined organ as evidenced by the previous series highlighted, but the emphasis on bleeding and latency to relief is a welcome focus. The review of the gynecologic and GI literature allows this to be a comprehensive resource for practitioners seeking information on dose-fractionation schedules and response.

Reply 1:

We thank the reviewer for their kind words.

#### Reviewer B

Comment 1:

This is a narrative review article concerning the significance and role of urgent radiotherapy in the management of pelvic cancers.

The authors reviewed available data on this topic.

I kindly suggest that the paper in its present form should not be approved for publication, and I recommend a major revision.

My impression of this manuscript is relatively positive. The topic is important due to its clinical significance. The quality of English is acceptable for a non-native English-speaker.

However, some issues should be solved before it will be acceptable for publication:

I am a bit confused because this article is a hybrid between systematic and narrative review. You stated that it should be a narrative review, but you also provided search results in numbers (some of them are accurate – “189 references”, some not “few”).

I recommend you perform search also by the second independent person because you may miss important data. For example, you stated that “Emergent palliative pelvic RT is seldom used for reasons other than compression of the cauda equina or bleeding” and (in conclusions) “managing bleeding was the only indication for emergent RT identified in our search.” However, I know at least one study that proved the value of emergent RT in obstruction caused by rectal cancer, see <https://doi.org/10.1093/annonc/mdt363>.

Please discuss weaknesses of your review in the discussion section.

Consider discussing the impact of pelvic (usually) hypofractionated RT on the bone marrow and its implications (see, for example, <https://doi.org/10.1159/000492342>).

Reply 1:

We assume the reviewer was not aware of the required Annals format for the review, which we have followed. The references identified in the literature searches have been screened by two authors independently (KD, SA) and clarification of this has been added to the methods section. We gave more specific wording in the abstract and results sections to make it clear that we did not identify any articles that looked specifically at emergent RT for pelvic tumors. We have improved the results by stating how many references had their full articles reviewed. The reference provided by the reviewer was for palliative but categorically not urgent or emergent radiotherapy for rectal cancer, so understandably it was not captured in our literature search. We had already stated in the introduction that treatments for bone metastases and pelvic hematologic malignancies would be described in other chapters of the Special Edition, so these were not a focus of our search – we assume the reviewer was not aware of the other articles planned for this issue.