

## Peer Review File

Article Information: <https://dx.doi.org/10.21037/apm-23-504>

### Review comments

#### Reviewer A

This article highlights the important role of geriatricians in the care of older adults with cancer given increased symptom burdens, cognitive/functional declines and palliative care needs. The article is overall well-written. Revisions are recommended in following aspects:

Major points:

1)Methods were only described in Abstract but not in the body text. Please include a Methods section in body text.

*Response: Corrected as recommended (page 6 lines 110 to 114)*

2)An important area that is missing in this review article is a discussion on limitations of research reviewed. What are the gaps in existing literature and how would this point to the direction of future research?

*Response: Corrected as recommended (page 20, lines 431-440)*

Minor points:

1)Lines 217 – 219, “In order to rectify...is imperative” – This sentence is hard to read and recommend rephrasing.

*Response: Corrected as recommended (page 11, lines 240-242)*

2)Lines 243 – 253, this part is primarily summarizing WHO algorithm of pain management which is not unique to older adults. Recommend simplifying this part and cut to the chase – what is different in pain management among older adults with cancer?

*Response: Corrected as recommended (page 13, lines 268-284)*

3)Line 277: “...compared to the lower dose opioids” – I suspect the authors meant to say compared to the weak opioids (e.g. codeine and tramadol). Please consider rephrasing to improve clarity.

*Response: Corrected as recommended (page 14, line 308)*

4)A few concepts in pharmacological management appeared multiple times throughout the article. These included “renal dosing”, “start low and go slow”, and “avoid polypharmacy”. I recommend consolidate these concepts into one paragraph to avoid redundancy.

*Response: Corrected as recommended (page 18, lines 381-385)*

5)Line 347: Mirtazapine has several mechanisms of action that are different from SSRIs. I would recommend not classifying mirtazapine as an SSRI.

*Response: Corrected as recommended (page 17, line 378)*

## **Reviewer B**

This narrative review has demonstrated the importance that the geriatrician can have when participating in the administration of palliative care.

This is also an important theme in the field of palliative care.

1. Collaboration with oncologists as well as palliative care specialists is essential for geriatricians and primary care physicians to participate in the treatment and care of cancer patients. Please discuss this point if possible.

*Response: Discussion as recommended (page 8, lines 168-174)*

2. In the current situation where there are only a few palliative care specialists, it is more efficient to have non-palliative care specialists provide basic palliative care and palliative care specialists involved in specialized palliative care. In this article, basic palliative care and specialized palliative care are not mentioned. Please discuss this point if possible.

*Response: Discussion as recommended (page 9, lines 175-184)*

3. Education and training are essential for geriatricians and primary care physicians to participate in the care of cancer patients. Are training programs for geriatricians and primary care physicians currently providing training in palliative care? If possible, please mention the current status and examples.

*Response: See above*