

## Peer Review File

Article Information: <https://dx.doi.org/10.21037/apm-23-554>

**Comment 1:** Methods are appropriate for a narrative review. However, a search focused on Pubmed alone may exclude literature from other databases.

**Reply 1:** We have researched the other database to see if any literature had been excluded. (see Page5, line64 and the checklist)

**Changes in the text:**

A literature search of articles published was performed using PubMed and Cochrane Library in the whole period, which was between 1971 and May 2023.

**Comment 2:** Given the low level of evidence supporting harm/safety from diuretic use in Malignant ascites, I would suggest avoiding using a tone that suggests it is factual. Addition of terms such as "may" or "suggestions is recommended. e.g. "there are suggestions that diuretic use in patients with peritoneal carcinomatosis may be at increased risk of..., may be safer in hepatic tumours..."

**Reply 2:**

We have modified our text as advised. (see Page13, line 231-233)

**Changes in the text:**

there are suggestions that diuretic use in patients with peritoneal carcinomatosis may be at increased risk of hypotension due to the effective circulating blood volume or renal dysfunction, may be safer in hepatic tumors.

**Comment 3:** I was confused by the term "hepatic ascites", and thought it referred to ascites arising from hepatic tumours. Suggest using the term "cirrhosis".

**Reply 3:**

As you mentioned, "hepatic ascites" referred to transudative ascites from liver cirrhosis. We have changed the term "hepatic ascites" to "liver cirrhosis", as advised. (see Page11, line 186)

**Changes in the text:**

For liver cirrhosis, on the other hand, the use of diuretics is recommended by international guidelines (48, 49).

**Comment 4:** I think this area could be expanded further as this paper is being considered for publication in a Palliative medicine journal. Much of what is written focuses on ascites in cirrhosis. issues related to Malignant ascites, and in Palliative patients should be highlighted, e.g, the burden of prolonged hospitalization for colloids, the safety of large-volume paracentesis in Malignant ascites. Even if there is a lack of data, it seems important to report on.

**Reply 4:** We agree with your comment. We have reorganized the entire chapter on abdominal paracentesis and rewritten the findings on paracentesis for malignant ascites in more detail. (see Page13-15, line241-284).

**Comment 5:** "Paracentesis can only be performed by physicians, and therefore an outpatient visit or hospitalization is required each time." I am concerned about this statement being a generalization, and does not consider paracentesis by other professionals (eg nurses), and the fact that some are conducted at home.

**Reply 5:**

In our country, paracentesis is performed only by physicians and in many cases, the procedure is performed at the hospital. However, as your comment, paracentesis is sometimes performed at patient's home by home care doctor. So, we have modified our manuscript as below. (see Page16, line 302-304)

**Changes in the text:**

In some cases, paracentesis is performed in the patient's home by other professionals, such as trained nurses, or by homecare-doctors, but in most cases, it is a procedure that can only be performed by physicians and therefore often requires an outpatient or hospitalization.

**Comment 6:** Suggest reconsidering the term "little evidence", as we do know a bit about the topic. Suggest "insufficient evidence to inform clear practice guidelines." "there remain significant gaps in our understanding".

**Reply 6:**

We have modified as advised. (See page29, line596-597)

**Changes in the text:**

As discussed above, studies have been conducted on MA but there is insufficient evidence to inform clear practice guidelines. There remain significant gaps in our understanding, and many patients with MA still suffer from its symptoms.

**Comment 7:** Suggest reporting "Indwelling catheters" after "paracentesis", as they are related.

**Reply 7:** It is as you have pointed out. We have rearranged the order of the items according to your recommendation. (see Page15-17, line286-329)

**Changes in the text:**

“Indwelling catheters” after “Abdominal paracentesis”