

Peer Review File

Article Information: <https://dx.doi.org/10.21037/apm-22-1435>

Review Comments

Reviewer A

This article summarizes detailed information on symptom management for hepatobiliary malignancy. The major criticism is lack of tables and figures.

Tables enlisting treatment options and studies would be valuable.

1. A figure was added illustrating the standard vs early model of palliative care. (Figure 1)
2. A table was added to summarize barriers to early palliative care referral and proposed solutions (Table 1)
3. A table was added summarizing the proposed roles of palliative care throughout all stages of HCC. (Table 2)

Reviewer B

The authors present a well thought out review of palliative care for hepatobiliary malignancies. They do a good job of laying out the problems of early palliation and also give a review of some of the common symptoms along with management. I think it is worth publishing and have only a few minor comments.

1. Part of the title is "say no to late referral" so I expected more answers about ways to address the issue of late referrals. I think the section on barriers is good, but would be better with some concrete solutions for what to do to address them. Providing ways to address the barriers would also build a better support to justify the current title.

As the field is still growing, there are no distinct recommendations to overcome the barriers. However, a list of barriers and proposed solutions were added in Table 1 following the section on barriers.

2. Due to the complexity of managing patients with hepatobiliary cancers, a multidisciplinary team is essential. Given the poor outcomes, I think you could make the argument that palliative care should be involved in all cases and be integrated in the the multi-D team

A statement to address this was added to the conclusion and references to involving early palliative care at time of diagnosis were added in multiple paragraphs and Table 1. This article is a part of collection of articles that address palliative care in GI malignancies. This issue is addressed separately in other articles (palliative care tumor board)

3. The section on pain management would be enhanced by briefly adding some information about non-pharmaceutical treatments like Radiation or Interventional procedures. I think a full review of these is outside the scope of the article, but they should be mention as option for managing cancer related pain both to the liver and metastatic sites.

As above, this is one of several articles in this special issues series. Other interventions have been addressed in a different article. A paragraph was added to the Symptoms section briefly mentioning the role of non-pharmacologic locoregional therapies in palliation of HBMs.

Reviewer C

Thank you very much for the opportunity to review a manuscript. First, the paper investigates an important topic about hepatobiliary malignancies, special needs and symptom management. I don't like to be critical, but I have a lot of scientific thoughts and questions, and I think the manuscript need to clarify the aim and method to improve the scientific research quality related to the review study.

This is a review article and the database was PubMed. The field is not well developed and hepatobiliary malignancies is not a common disease in the US compared to breast, lung, and colon cancers. Prospective trials are lacking and the majority of the studies are retrospective. Analyzing the quality of retrospective studies is beyond the scope of this review, comments regarding the studies were added when appropriate.

Comments,

- What databases do you used?
- Have the studies included in the paper been analyzed due to quality?
- How many studies have been published that answered the purpose? Were any excluded?
- It is good with "case/patient" illustration, from an inductive patient perspective- but in this review it is hard to interpret in relation to the design of a review study.

This is a review, it is not a study. This is one of several articles published in this issue on symptom management of patients with GI malignancies. The target audience is non-palliative care physicians who do not have access to palliative care physicians.

- It is written that the importance of a holistic perspective and care is essential, were there any parts of these central components that were more studied? It is written that

guidelines are missing (in the conclusion), but is there support in the literature that some parts can be included in developing the guidelines?

A separate article published in this issue will address the holistic perspective in detail. This is a simple “manual” of symptom management for non-palliative care physicians and call for early referral.