Peer Review File

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Reviewer A

1. As some of the wording and phrases are choppy and hard to follow, I recommend further proof reading and editing. Also there are several capitalization mistakes (example line 7 "Department of medicine")
Answers: The updated manuscript has been revised accordingly with proofread and editing.

2. For figures try to make the fonts and size uniform (example in Figure 2 it appears that the font in the second session box is smaller than in the first session box, likewise the alignment is off for the heading in that Figure and the I would use capitalizations consistently in the headings.
Answers : The updated figure 2 have been revised according to the comments.

3. Abstract-I felt that the abstract was too wordy and descriptive and didn't highlight enough that value of the intervention. It may also be helpful to divide it into background, objectives, methods, results, conclusion sections as this will help with flow and in summarizing. I think it would be bolstered by shortening the descriptions of the program and and giving the actual numbers for the improvement that you observed
Answers: The abstract has been revised accordingly in updated manuscript.(p 5-6)

4. Figure 3. It would be more interesting/informative if you gave additional information including what percentage of each category was initiation, discontinuation or change of dose to show what the PC team was actually doing. For example, in the 50% of patients with changes in their appetite stimulant medications were those changes that the medication was started, stopped, or dose adjustment. This would do a better job of showing some of the practical things that the PC team did to highlight their value
Answer: The figure 3 has been updated with percentage of each category accordingly

5. Table 2-Please explain how this was calculated? Were all patients included or just those with significant symptoms? What happened with the scores at the second visit? Was there a start to improvement or was it all seen between the 2nd and 3rd visit.

Answer: Only patients with significant symptoms were included.Student's t-test or Mann-Whitney or Wilcoxon signed ranks tests depending on the distribution (normal or non-normal) were performed to compare the symptom score at baseline and the follow-up visit.(Pleaase see the statistical method of page 12). The scores of 2nd & 3rd of each visits were shown in the updated table 2.

6. Discussion-How did the improvements in symptom score in your study compare with other companies like studies of EIPC?

Answers : The comparison of the current study with other EIPC studies were mentioned in the updated mansucript (page 15, line 10-14)

7. From you data, can you identify which specific elements were most helpful for patients or which patients benefit most (may be challenging with the small numbers, but worth considering).

Answers: 'Specific elements' that were most helpful will be mentioned as the limitation in the discussion. (page 16, line 11-13)

8. Also when you only look at mean overall scores you may miss how effective it was for specific patients. It might be worth considering displaying the data for individual patients.

Answers: Please see the individual data in the revised manuscript (page 11, line 20 to page 12 line 2)

9. With most patients being alive at the 3rd visit, why didn't you give data for additional visit? This could show the sustained benefits of the program.

Answers: The data of additional (4th) visit was shown in the updated table 2. The reason to set the evaluation period is mentioned in page of the updated manuscript.(page 11, line 5-11)

Reviewer B

1. The aims and methods of the study could be more clearly described. I was not sure initially what the paper was about (case report, feasibility study, evaluating processes and clinical results, or retrospective study). I think the paper would benefit from a clear statement that you are describing a model of care and reporting the people who received care and their symptoms in the model during the set time period. This doesn't seem to be a feasibility study as you don't report on feasibility outcomes.
Answers: Both the paper title and the clear statement have been updated accordingly in the manuscript (page 1)

2. Revise the layout of the article to be a more traditional research paper: introduction, description of model, methods of study, results, discussion. The description of your model is not the methods of the study.
Answers : The layout of the article has been revised accordingly.(page 7,8, 10,12,14)

3. Paper could benefit from a clear statement on the different between the Haema-CCC and the EIPC. I will a little confused about how they differed exactly.
Answers: The differences Haema-CCC and EIPC have been mentioned in page of the updated manuscript. (page 9, line 16-20)

4. There are several issues with grammar, word use and sentence structure that could be refined.
Answers: These have been refined with proof read and editing in the revised manuscript.

I have a couple of other general questions/comments.

1. The numbers who were eligible for the Haema-CCC seem very small over the study time frame. Was everyone who was eligible/appropriate rereferred? Or was there some discretion of the treating physician? If so, this is an impo

rtant point to discuss as it related to the feasibility/barriers around such a model.

Answers: Not all the appropriate patients could be referred because there is limitation in manpower, and we have pre-set quota, so account for the small number of patients. This has been mentioned as a limitation in our study.(see page 16, line 7-10)

2. I do wonder if your results may be overstated a little for the number of patients that went through the model and the methods you used. Please consider revising your discussion and conclusion to link back to the study aims (once clarified) and link your discussion back to this specifically. I am not sure if they study demonstrates that the model is feasible (you did not assess feasibility with your methods) and beneficial (you had small numbers). I think your results are promising and warrant further research in a larger sample, potentially in an interventional study with a comparator.

Answers: Thanks for your useful comments. These have been updated as limitations in the updated manscript.(page 16, line 11-15)

Reviewer C

1.The study is described as a feasibility study. In the statistical analysis section (page 10), the methods are described in more detail. I would suggest moving this section up earlier in the Methods section.

Answers: Please see the updated manuscript (as highlight in page 11, line 2-11)

2.Page 8, Line 1: what were the prognostic indicators that were used to identify potential patients for referral after they'd failed first line treatment?

Answer : These have been supplemented in the updated manuscript (page 9, line 7).

3.Page 8, lines 10-14: What tools or instruments were used for the phone screening assessments conducted by the PC nurses? How were 'high palliative care needs' determined? (page 8, line 13)

How was the ‘comprehensive multidimensional assessment’ (page 8, line 21) conducted? Was a standardized tool or script used to ensure consistency of this assessment?

Answers: ESAS is used for symptom screening and has been supplemented in th e page of the revised manuscript. High palliative needs includes ESAS score ≥7 or ESAS≥4 with impact on daily activities. (see page 9, line 23);

A comprehensive multidimensional assessment was conducted by our experience d PC nurse.The nurse has a standardised protocol for the symptom, psycholog ical , spiritual and family assessments. The nurse will refer to appropriat e allied health eg physiotherapist or our pc service eg day or inpatient if needed.(Please see page 10 line 6-9 of the updated manuscript)

4. Re: the ESAS (page 9, lines 5-11), it might be helpful to discuss minima l clinically important differences here.

Hui D, Shamieh O, Paiva CE, et al. Minimal clinically important differences in the Edmonton Symptom Assessment Scale in cancer patients: A prospective, multicenter study. Cancer. 2015;121(17):3027-3035. doi:10.1002/cncr.29437 https://pubmed.ncbi.nlm.nih.gov/26059846/

Answers :The minimal clinically important differences has been discussed in page 11,line 8 of updated manuscript.

5. For the PC visits, was a script or checklist used to ensure consistency of content at each visit?

Answers :Yes, a checklist is used. The revised manuscript has been updated with this information (highlighted in page 15,line 18)

6. In the results section, page 10, line 21: what was the range of ages of participants?

Page 11, lines 16-18: again, it might be helpful to discuss minimal clinica lly important differences here. There were some statistically significant i mportant changes here but were they clinically significant? Also, would be helpful to include p values here (lines 17-18).

Answers :The age range and the minimal clinically important differences ha ve been mentioned in the revised manuscript(in page 12,line 20 & page 13, l ine17-21 respectivvely)

Minor comments:

7. In the abstract, a brief description of the methods undertaken would be helpful. There are a number of grammatical and spelling errors throughout t he manuscript; readability would be improved if these were corrected. In ad dition, tense changes throughout the manuscript
(past, current, future tense all used).
Answers: The revised manuscript has been updated with proofread and editin g.

8. Introduction (page 5, lines 19-23); could reference ASCO guidelines, Lan cet Oncology Commission paper
Lines 23-24, page 6: ASCO guidelines, Lancet Oncology
Lines 2-3, page 7, re: triggers for PC referral, some authors have made rec ommendations for potential signposts or triggers, see Odejide et al., 2014. Journal of Oncology Practice, 10(6), e396-e403 and Button et al. 2018. Jour nal of Palliative Medicine, 21(12), 1729-1740 also recommend possible clini cal indicators associated with EOL phase
Answers: The revised manuscript has been updated with the suggested referen ces & recommendations accordingly.(page 8, line 6-7)

9. Figure 3: can the actual numbers for each type of med be included (i.e, for appetite stimulant, n=45)?
Answers: The revised Figure 3 has been updated with the information.

10. Were patients asked about their perceptions of/satisfaction with the cl inic? Did you ask family caregivers about their perceptions of the clinic? Good attendance at the clinic was interpreted as acceptability but it would have been nice if the patients were asked their impressions/perceptions of the clinic.
Answers: This has been mentioned as limitations in our discussion part of the updated manuscript.(page 16,line 12)

11. Additional references that could be included:

- El-Jawahri A, LeBlanc TW, Kavanaugh A, et al. Effectiveness of Integrate d Palliative and Oncology Care for Patients With Acute Myeloid Leukemia: A Randomized Clinical Trial. JAMA Oncol. 2021;7(2):238-245.
- El-Jawahri A, Nelson AM, Gray TF, Lee SJ, LeBlanc TW. Palliative and End -of-Life Care for Patients With Hematologic Malignancies. J Clin Oncol. 2020;38(9):944-953.

· Ferrell BR, Temel JS, Temin S, et al. Integration of Palliative Care Into Standard Oncology Care: American Society of Clinical Oncology Clinical Practice Guideline Update. J Clin Oncol. 2017;35(1):96-112.
· Hochman, M. J., Yu, Y., Wolf, S. P., Samsa, G. P., Kamal, A. H., & LeBlanc, T. W. (2018). Comparing the Palliative Care Needs of Patients With Hematologic and Solid Malignancies. Journal of pain and symptom management, 55(1), 82－88.e1.
· Kaasa S, Loge JH, Aapro M, et al. Integration of oncology and palliative care: a Lancet Oncology Commission. Lancet Oncol. 2018;19(11):e588-e653.
· Resick JM, Sefcik C, Arnold RM, et al. Primary Palliative Care for Patients with Advanced Hematologic Malignancies: A Pilot Trial of the SHARE Intervention [published online ahead of print, 2020 Oct 19]. J Palliat Med. 2020;10.1089/jpm.2020.0407.
· Tanzi S, Venturelli F, Luminari S, et al. Early palliative care in haematological patients: a systematic literature review. BMJ Support Palliat Care. 2020;10(4):395-403.

Answers: The references haven been updated in the revised manuscript.(references 19-26)