Peer Review File
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Round 1

Reviewer Comments:

1. Both past tense and future tense have been used. As a study protocol, future tense should be used.
Answers: The updated protocol has been proof-read and revised according to the reviewer suggestion.

2. Recommend authors to write the protocol in a logic sequence.
Answers: The revised protocol has been updated accordingly in yellow highlight (page 8, 9 &15) of the updated manuscript.

3. Will the study include pediatric patients as well?
Answers: Those less than 18 years old will be excluded. It has been mentioned in the exclusion criteria of the manuscript. (page 8, line 20)

4. Will patients receive any chemotherapy after enrollment?
Answers: Yes, it has been supplemented in the revised manuscript (page 10, line11).

5. There are MDS and AML specific quality-of-life questionnaires.
Answers: The validated MQOL (Hong Kong Chinese version) will be used to assess the QOL for this group of patients in palliative phase. (page 11,line 22-23) of the revised manuscript) while others questionnaires (the MDS and AML specific QOL) seems not validated in Chinese palliative care setting in Hong Kong.

6. Could authors also include some end-of-life measurement as outcomes?
Answers: Compare the use of healthcare use including emergency visit and acute admissions. (page 12,line 22-23 % page 13,line1-2).

Round 2

Reviewer A

1. First of all, it is not immediately clear reading the first part of the paper that the authors refer to a trial not concluded yet. This should be better clarified in the abstract so that the reader can have clear in mind that no result will be displayed.

Answers: This has been updated in the revised manuscript (page 5, line 20)

2.Also the statement "This trial aims to examine the reasons for non-adherence, dropouts, and missing data to refine the protocol for future research" does not seem to reflect the endpoints of the study (better defined in the "Outcome measures" paragraph)

Answers: It has been revised in page of the updated manuscript. (page 5, line 17-18)

3.From a grammatical/semantic point of view, the wording should be modified accordingly. Sometimes there is a switch from present to future to past. Those grammatical inaccuracies should be corrected through more accurate English editing.

Answers: The revised manuscript has been proof-read by one of our authors (Dr Gill).

4.On a more general level an important comment I have is that with the therapies now available for AML and MDS, it is more difficult nowadays to refer patients to a palliative care program after the failure of one treatment line, especially in non-elderly age. The choice of this inclusion criterion and its ethical implications should be spelled out. Regarding the general design of the trial, my suggestion is to open the inclusion criteria to patients who fail a second or further line of treatment.

Answers: This has been updated in the revised manuscript (page 8, line 8)

Reviewer B

Please consider finding a native English speaker to thoroughly proofread the manuscript. Some acronyms are not defined at the first use (e.g. EPC is not defined and RA is defined the second time it is used).

Answers: All acronyms are defined as advised and the manuscript has been revised by our author (Dr Gill) who is a native English speaker.

Reviewer C

(i) The authors will need ways to ensure the interventional arm protocol is adhered to, and ways to measure adherence to the protocol.

Answers: These have been supplemented in page of revised manuscript. (page 9 line 23 to page 10 line 2)

(ii) Clarify which time points the primary outcomes will be analysed at, e.g. progressive over the weeks, or only at end of study i.e. 12 weeks.

Answers: Please see the revised manuscript. (page 10, line 21)

(iii) In the control arm, clarify if questionnaires will be administered by similar trained PC nurses as in the intervention arm and the frequency. Administration of questionnaires should be controlled between the two arms to reduce data collection bias.

Answers: This information has been updated in the revised manuscript.

(page 10, line 20)

(iv) Will there be a cross-over analysis of the control arm after crossing over to palliative care?

Answers: There will be cross-over analysis and this information has been updated in (page 11-line 5&6)

(v) p.112 – "ineligible" should read "eligible".

Answers: This has been revised accordingly (page 6, line 8)

Reviewer D

1. The background section of the Abstract states: "The purpose of this trial will examine the care model and the interventions by the PC team and the preliminary results in the clinical outcomes." It would be helpful to know, up front, how the care model will be examined, and which clinical outcomes are being tracked in the study.

Answers: The care model has been examined by previous study. This trial will examine the interventions by the PC team. Please see the revised manuscript (page 5, line 7&8)

2. The methods section of the Abstract states: “we examine the feasibility of the integrated PC program for MDS/AML patients” but does not specify how the feasibility will be measured/examined.

Answers: The feasibility will not be examined in this study as this has been performed by previous study. The revised manuscript has been updated this information (page 5, line 9&10)

3. The results section of the Abstract refers to “reasons for non-adherence, dropouts and missing data” but the discussion section of the Abstract refers to “integrated qualitative data analysis to give essential information about feasibility and acceptability." It is difficult for the reader to discern exactly is being measured (as a primary vs secondary outcome) and how each type of data will be measured.

Answers: This has been revised (page 5, line 17-19).

4. The authors should explicitly state whether “feasibility and acceptability” or “impact on patient QOL, mood, and caregiver burden” are the primary outcomes being measured, and exactly how these will be measured, up front.

Answers: It has been revised in page 7, line 10 &11.

5. Regarding the intervention model, how will the palliative care visits be coordinated? Will outpatient palliative care visits be scheduled for the "intervention" group every 2 weeks? Or will there be telephone palliative care visits or home palliative care visits some of the time? How will the visit format be determined?

Answers: These have been supplemented in the revised manuscript. (page 9, line 10 &11)

6. More justification regarding the 12-week time point at which patients in the “conventional” study arm transition over to the “fast-track” EHPC model is needed. How was this time point selected? What evidence (either through pilot data and/or published literature) supports the choice of this time point?

Answers: All these are based on previous studies for palliative care patients (page 11, line 7)

7. Given the substantial costs incurred by this study “without specific funding support,” it would be helpful to measure the feasibility and acceptability of this integrated care model in some way. What is the impact on the clinic volume and clinic wait times, for example? What is the impact

on the health care providers who might already be stretched very thin (as most palliative care providers are) and are now being asked to take on new and expanding roles within this integrated model?

Answers: The feasibility and acceptability of the care model has been examined in previous local study (page 9, line13). The clinic volume and wait time will be affected minimally as there is a palliative nurse coordinator and there is preset quota.