



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 102326

Title: Integration of Rehabilitation and Palliative Care in Cancer Management: A Futuristic Model

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06409829

Position: Peer Reviewer

Academic degree: Associate Chief Physician, MD

Professional title:

Reviewer's Country/Territory: China

Author's Country/Territory: India

Manuscript submission date: 2024-10-14

Reviewer chosen by: AI Editor

Reviewer accepted review: 2024-10-15 04:28

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Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This article explores the importance of integrating rehabilitation and palliative care in cancer management and proposes a futuristic model. It emphasizes that traditional cancer treatment often focuses on curative interventions at the expense of overall wellbeing, leading to a fragmented patient experience. By combining rehabilitation (focused on restoring function and improving physical health) with palliative care (emphasizing symptom management and quality of life), healthcare providers can create a comprehensive support system. The article highlights the importance of interdisciplinary collaboration among healthcare professionals, as well as the need for education and training to effectively implement this integrated model. Additionally, it addresses potential barriers such as funding limitations and institutional resistance. Ultimately, the integration of these two disciplines represents a critical evolution in cancer care, enhancing patient outcomes and ensuring compassionate, patientcentered support throughout the treatment journey.

1. Title and Author Information: The title clearly reflects the theme of the article, which is the integration of rehabilitation and palliative care in cancer management. The author information is complete, including



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contribution statements and detailed contact information for the corresponding author. 2. Abstract: The abstract succinctly summarizes the main content and conclusions of the article, highlighting the importance of interdisciplinary collaboration and the potential benefits of the integrated model. 3. Keywords: The choice of keywords is appropriate and well reflects the core content of the article. 4. Main Text Content: Introduction: The introduction sets the context and purpose of the article well, emphasizing the necessity of integrating rehabilitation and palliative care. Need for Integration: The article discusses in detail the reasons for integrating rehabilitation and palliative care, including comprehensive patient support, symptom management, and improved quality of life. Methods of Integration: The article proposes various methods of integration, such as multidisciplinary teams, early assessment and intervention, and shared care pathways, which contribute to effective integration. Key Areas: The article emphasizes the importance of holistic patient care, interdisciplinary collaboration, education and training, and discusses how to overcome barriers in the integration process. Futuristic Model: A futuristic model is proposed, including innovative components such as a digital health ecosystem, personalized care plans, and interdisciplinary collaboration. 5. Conclusion: The conclusion summarizes the importance of integrating rehabilitation and palliative care and emphasizes the potential impact of this model on future cancer treatment. 6. References: The article lists relevant references that support the viewpoints presented in the article. 7. Potential Issues and Suggestions: The article mentions funding limitations and institutional resistance when discussing potential barriers to the integrated model, but does not provide specific solutions or case studies to illustrate how to overcome these obstacles. The authors are advised to provide some successful cases or strategies to enhance the practicality and persuasiveness of the article. The article proposes some innovative ideas when presenting the futuristic model, but lacks specific implementation details. The authors are advised to further elaborate on how



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these ideas can be realized in practice, as well as expected challenges and solutions. When discussing the importance of interdisciplinary collaboration, the article does not provide specific data or research to support this viewpoint. The authors are advised to cite some studies to enhance the credibility of their arguments. The format and structure of the article are clear, but it is suggested that subheadings be added in some parts to help readers better follow the logical flow of the article. Overall, this article provides valuable insights for the field of cancer treatment and proposes a promising integrated model. By further refining implementation details and providing more supportive data, the impact and practicality of the article will be enhanced.



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 102326

Title: Integration of Rehabilitation and Palliative Care in Cancer Management: A Futuristic Model

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08386045

Position: Peer Reviewer

Academic degree: PhD

Professional title:

Reviewer's Country/Territory: China

Author's Country/Territory: India

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Reviewer chosen by: Hong-Xin Jiang

Reviewer accepted review: 2024-11-21 01:23

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Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

specific comments to the authors below: It explores the integration of rehabilitation and palliative care in cancer management, advocating a holistic approach that addresses the diverse needs of patients throughout their treatment. Traditional cancer care often prioritizes therapeutic interventions at the expense of overall health, resulting in a fragmented patient experience. By combining rehabilitation that focuses on restoring function and improving physical health with palliative care that emphasizes symptom management and quality of life, healthcare providers can create a comprehensive support system. This paper highlights the importance of interdisciplinary collaboration among healthcare professionals, as well as the need for education and training to effectively implement this integrated model. In addition, it addresses potential obstacles such as funding constraints and institutional resistance. Ultimately, the convergence of these two disciplines represents a key evolution in cancer treatment.

1. Title and author information: Title is clear. Author information is complete.
2. Abstract Briefly summarizes the main contents and conclusions of this paper.
3. The choice of keywords is appropriate, which can well reflect the core content of the article.
4. The introduction



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explains the background and purpose of the article well, and emphasizes the necessity of combining rehabilitation with palliative care. 5. This paper proposes a variety of integration methods, such as multidisciplinary teams, to facilitate effective integration. 6. The importance of holistic patient care, interdisciplinary collaboration, education and training is emphasized and discussed. 7. Reasonable and comprehensive conclusions. 8. The article lists relevant references that support the points made in the article. 9. Potential problems and suggestions: This article discusses METHODS OF INTEGRATION with few specific examples. It is suggested to give one or two examples to make the article more perfect. In addition, several articles are appropriately added to the references. 10. Generally speaking, this article is suitable for this journal and of good quality. It can be accepted after appropriate modification.



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Manuscript NO: 102326

Title: Integration of Rehabilitation and Palliative Care in Cancer Management: A Futuristic Model

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08250701

Position: Peer Reviewer

Academic degree: Assistant Professor, MD

Professional title:

Reviewer's Country/Territory: China

Author's Country/Territory: India

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Review time: 11 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This article explores the necessity of integrating rehabilitation care and palliative care in cancer treatment, and proposes several methods to achieve this integration. The structure of the article is clear, the arguments are well-developed, and the content is rigorous. The article also presents innovative ideas for future models. Overall, the article has high academic value and provides a feasible framework for comprehensive care for future cancer patients. However, there are still some areas that could be further improved. Below are my detailed review comments on the article: 1. Introduction: Strengths: The introduction clearly points out the deficiencies in current cancer care, particularly the overemphasis on disease treatment and the neglect of patients' overall needs. The article emphasizes the importance of rehabilitation and palliative care, providing a strong theoretical basis for integrating these two aspects. It uses real-world problems as a starting point, which effectively engages the reader's attention on this topic. Suggestions: The introduction could benefit from more statistical data or empirical studies to strengthen the argument. For example, data on common symptoms experienced by cancer patients during treatment (such as pain, anxiety, depression) and



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how these symptoms affect quality of life would better illustrate the limitations of the current care model. 2. The Necessity of Integration: Strengths: The article provides a good description of the common physical and psychological issues that cancer patients face during treatment and the shortcomings of existing care models. The argument for integrating rehabilitation and palliative care to improve patients' quality of life is clear and well-supported. Suggestions: For the necessity of "integrating rehabilitation and palliative care," could you provide more specific clinical cases or research findings to enhance the practicality and persuasiveness of the argument? Further exploration of the challenges cancer patients face when receiving integrated care, how these challenges can be overcome, and the patients' acceptance of integrated care would be valuable. 3. Methods for Integration: Strengths: The integration methods proposed, including multidisciplinary team collaboration, early assessment, shared care pathways, and personalized care plans, are reasonable and feasible strategies. The article emphasizes the importance of teamwork and early intervention, providing concrete implementation plans. Suggestions: Could you provide more specific operational details on the "shared care pathways"? For example, how can rehabilitation care and palliative care be seamlessly integrated in practice? Are there any existing models or cases that can be referenced? For the construction of multidisciplinary teams, could you elaborate on the specific roles and responsibilities of each team member, and how effective collaboration between team members can be ensured? 4. Future Models: Strengths: The future model section is highly innovative, especially in terms of proposals for digital health ecosystems, AI-driven assessments, and personalized care plans. These ideas are forward-thinking and highly relevant. The integration of technology (e.g., telemedicine, mobile health apps) to make care more accessible and personalized demonstrates a keen insight into the future of healthcare. Suggestions: The article could explore how to gradually introduce these innovative technologies into the current healthcare system,



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considering challenges such as device costs, patient acceptance, and privacy issues. Regarding policy advocacy, can you delve deeper into specific policy recommendations, especially regarding the obstacles and solutions when implementing these models in different countries or regions? 5. Overall Structure and Logic: Strengths: The structure of the article is clear, and the logic flows well. Each section presents a clear argument with supporting evidence. Suggestions: Transitions between sections could be enhanced. For example, when introducing each method, a brief summary of the previous section would strengthen the overall coherence. The conclusion could be expanded to discuss the practical applications of this integrated care model and its potential long-term impact. 6. Language and Expression: Strengths: The language of the article is clear and easy to understand, making it particularly suitable for academic readers. Suggestions: Some sentences could be further refined. For instance, some paragraphs seem a bit lengthy in terms of detail and could benefit from removing unnecessary repetition to enhance the flow of the article. 7. References: Strengths: The references list includes authoritative sources that support the article's arguments. Suggestions: Some references are a bit general. It would be helpful to cite more specific studies or cases in key sections to provide stronger empirical support. Please include the following references in the article: 8. Conclusion: Strengths: The conclusion effectively summarizes the main points of the article and clearly highlights the importance of integrating rehabilitation and palliative care. Suggestions: The conclusion could include a brief discussion on future research directions, such as how the effectiveness and feasibility of this model can be further verified, or a call for more interdisciplinary collaboration.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 102326

Title: Integration of Rehabilitation and Palliative Care in Cancer Management: A Futuristic Model

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06409829

Position: Peer Reviewer

Academic degree: Associate Chief Physician, MD

Professional title:

Reviewer's Country/Territory: China

Author's Country/Territory: India

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

After the revision, the manuscript has undergone a significant enhancement in quality and its scientific rigor has been improved. Please consider accepting it.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 102326

Title: Integration of Rehabilitation and Palliative Care in Cancer Management: A Futuristic Model

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08386045

Position: Peer Reviewer

Academic degree: PhD

Professional title:

Reviewer's Country/Territory: China

Author's Country/Territory: India

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Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	[<input checked="" type="checkbox"/>] Grade A: Excellent [<input type="checkbox"/>] Grade B: Good [<input type="checkbox"/>] Grade C: Fair [<input type="checkbox"/>] Grade D: No scientific significance
Language quality	[<input checked="" type="checkbox"/>] Grade A: Priority publishing [<input type="checkbox"/>] Grade B: Minor language polishing [<input type="checkbox"/>] Grade C: A great deal of language polishing [<input type="checkbox"/>] Grade D: Rejection
Conclusion	[<input checked="" type="checkbox"/>] Accept (High priority) [<input type="checkbox"/>] Accept (General priority) [<input type="checkbox"/>] Minor revision [<input type="checkbox"/>] Major revision [<input type="checkbox"/>] Rejection
Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

it can be published



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 102326

Title: Integration of Rehabilitation and Palliative Care in Cancer Management: A Futuristic Model

Provenance and peer review: Invited Manuscript; Externally peer reviewed

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Position: Peer Reviewer

Academic degree: Assistant Professor, MD

Professional title:

Reviewer's Country/Territory: China

Author's Country/Territory: India

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Review time: 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This article emphasizes the importance of integrating rehabilitation and palliative care in cancer management. Through a detailed discussion of early assessments, interdisciplinary collaboration, and personalized care plans, the article showcases the potential of this integrated model to improve both patient quality of life and treatment outcomes. The structure of the paper is clear, and the content is comprehensive, covering various aspects from practical implementation to future development. Notably, it offers forward-looking suggestions on the application of technology, policy advocacy, and global cooperation. Firstly, the article explores the significance of early assessments and interventions, shared care pathways, and interdisciplinary teamwork in creating a comprehensive care framework for cancer patients. These approaches effectively promote functional recovery and symptom management during treatment, ensuring that patients' holistic health needs are met. Additionally, the article emphasizes the use of technology, such as telemedicine and artificial intelligence, to enhance the effectiveness of integrated care. This application is highly relevant and holds significant practical value. Furthermore, the authors carefully consider the emotional and social needs of cancer patients during their treatment process, stressing the core role of patient and



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family involvement in improving care quality. The policy recommendations section offers specific strategies to overcome financial limitations and address cultural and perceptual barriers, making these measures actionable. Finally, the article outlines research and innovation directions that provide crucial theoretical support and practical guidance for future integrated cancer care models. In conclusion, this paper offers a rich theoretical framework and practical solutions for interdisciplinary integration in cancer care. Its academic value is substantial, and it is recommended for acceptance.