

## Peer Review File

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### General reply:

Dear Reviewers and Editors,

Thank you for your thorough and constructive review of our work. Implementing your comments has improved the quality of this manuscript. A document containing detailed, point-by-point replies to your comments can be found below. We very much appreciate you taking the time to provide us with such valuable feedback.

Best regards,

F. Domeisen Benedetti

### Reviewer A

**Comment 1:** The methods part of the manuscript currently includes no information on data management, statistical analyses of the different mixed method study parts as well as information on sample size calculation. E.g. did they use the principle of saturation for their qualitative study parts? A large part with detailed methodological information has to be added.

**Reply 1:** This is a helpful critique. Indeed, the information about sample recruitment and sample size determination were missing from the manuscript. Additional information has been added about the sampling approach, which was driven by the maximal variation strategy of qualitative sampling. Sample size was determined by data saturation for the focus groups and the patient interviews. For the Delphi survey, two survey rounds were planned from the outset, and this decision was confirmed by the results of the second round.

**Changes in the text:** see page 7, lines 128-129, 133-134, 136, 139, 146-147; page 8, lines 161-164

Your feedback on the missing information regarding data handling was also an omission from our original submission. Thank you for alerting us to the problem. A section on data management, data processing, statistical analyses, and software has been added.

**Changes in the text:** see page 8-9, lines 166-175

**Comment 2:** Further, the discussion is very short and does not include any discussion of previous literature or any information about other pre-existing screening tools.

**Reply 2:** Thank you for your feedback. We appreciate this prompt to reflect on what distinguishes this tool from other available tools. We have added a paragraph to the discussion section highlighting how this tool relates to others and what our research adds to the field.

**Changes in the text:** see page 16-17, lines 348-366

**Comment 3:** The manuscript also needs further information on the focus group members. E.g. how many of them were oncology or palliative care specialists?

**Reply 3:** Additional detail regarding focus group participants has been added to the text.

**Changes in the text:** see page 9, lines 185-187

**Comment 4:** The limitation has to include a comment on the single center character of the study and the currently outstanding prospective validation of this tool in further clinical trials.

**Reply 4:** This is a good point, as the single-site nature of this study indeed limits the ability to generalize from our results. Furthermore, validation of this tool has not yet been conducted, and this is clearly a limitation that bears mention. Thank you for bringing this error to our attention.

**Changes in the text:** see page 18, lines 378-379, 391-392

**Comment 5:** The manuscript has to be revised concerning consistent terminology: e.g. do the authors mean that “Palliative intervention” and Palliative care intervention” can be used synonymous? I think that the first can also be “palliative cancer-directed/oncology intervention”. Are “specialist nurses” nurses specialized in oncology or in palliative care? Etc.

**Reply 5:** Thank you for pointing out that there were places of inconsistency in the text. The manuscript has been revised to improve clarity. “Palliative intervention” is synonymous with “palliative care intervention” in this manuscript. Furthermore, the lack of clarity about the nurse specialists involved in the focus groups has been addressed by adding wording that the participants were specialist palliative care nurses. We also found several instances of inconsistent usage of British/American English. These have been corrected in favor of American English.

**Changes in the text:** see page 6, line 121; page 9, lines 188-189; page 10, line 209; page 11, line 233-234; page 12, lines 257, 259-260; page 16, line 346, etc.

#### **Reviewer B**

**Comment 1:** However, the results of this study don't compare with other previous studies. Is the developed tool different from the present tools? Please discuss them.

**Reply 1:** Thank you for offering this constructive criticism. The fact that both reviewers highlight this point shows that the original submission did not include adequate discussion of how this tool relates to other tools. A paragraph has been added to the discussion section to rectify this flaw.

**Changes in the text:** see pages 16-17, lines 348-366