

Peer Review File

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Comment 1:

The highlight box suggest that this is the first study to examine the accuracy of categorical CPS. I might have misunderstood the methods, but I thought clinicians were asked for an open survival estimate?

Reply 1:

We appreciate your insightful comment. The clinicians were asked to provide an open survival estimate (number of days and continuous estimates). We categorized the CPS into “days” and “weeks” according to the aim of our analyses. Thus, we decided to remove the word “categorical” from the manuscript to avoid misunderstandings.

Changes in the text:

Highlight Box and p.16, line 4.

Comment 2:

I think the introduction is concise and well written. However, I think what it is lacking, as well as in the abstract and highlight box, is why this research is needed. Why is it important to analyse the data in three ways, and how might this improve research/practice/policy?

Reply 2:

Thank you for your valuable feedback. We have realized the essential purpose of our analysis, which is attributed to your questions. We have explained why our research is necessary in the Introduction section. Regarding the practice/research implications, we have revised the Abstract and Highlight box considering your advice.

Changes in the text:

Abstract, p.6, lines 4–5; Introduction, p. 9, lines 3–6 and Highlight box.

Comment 3:

The authors focus on the heterogeneous nature of the analysis of prognostic accuracy but not the heterogeneous nature of the question itself, although this is touched upon in the introduction. Could the authors explain why they only asked clinicians a continuous prognostic question (although see other comments for clarification on the question)? It seems to me to be a logical step that the data is analysed in a manner consistent with the method in which it is collected. Arbitrarily adding cut-offs when the data was obtained with an open question, seems to somewhat lessen the meaning of the analysis.

Reply 3:

Thank you for pointing this out. We agree that your suggestion is reasonable. Unfortunately, the CPS was obtained using a temporal question only at the time of the study implementation. From the beginning, we did not have any current research ideas.

This is a limitation of secondary analysis. We have mentioned this point as a limitation in the Discussion section.

Changes in the text:

p.19, lines 3–5.

Comment 4:

The methods and analysis section are very well written. Could the authors please clarify the collection of the primary outcome where it states, “which was answered by a specific time frame.” It is not clear if it was an open question or a categorical one and this is vital to know for the analysis. I assumed this was an open question, but the highlight box suggests otherwise.

Reply 4:

Thank you for your comment. Your assumptions are correct. We obtained CPS as a continuous value only. Thus, we deleted the description “which was answered by a specific time frame (e.g., 7 days and 30 days)” to make it clearer.

Changes in the text:

Highlight box, and p.11, line 4.

Comment 5:

Table 1 suggests that >90% of the patient group had died by 6-months, and that the median survival was 14-22 days, so less than one month survival. Did the authors reflect or consider these findings when analysing the data? The 30-day cut off would seem somewhat redundant in this case if all patients died in this timeframe.

Reply 5:

Thank you for your comment. In our study, 66.4% of patients died within 30 days (Table 3). We considered the median survival as the cut-off value for the analyses. However, the median survival was different: two weeks in Taiwan and 3 weeks in Japan and Korea. We selected the 30-day cut-off because the patients and their families frequently asked palliative care clinicians about survival according to calendar periods, as described in the Methods section.

Changes in the text:

N/A

Comment 6:

Table 3 needs more interpretation. It is hard to tell what the values are showing. 1,796/2,571 (70%) estimates predicted that the patient would die within 30 days. 438/2,571 (17%) predicted the patient would die within 7 days. Where are the other 337 (13%) estimates? Are there missing values? Similarly, for the actual survival – 167 (9%) values are missing.

Reply 6:

Thank you for your valuable feedback. However, there may be a misunderstanding. The sum of the CPS (or AS) columns cannot be 2,571 (100%) because the “weeks” category already includes the “days” category. As we described in the Methods section, the “weeks” category applies to “less than 30 days” (0–30 days), not “8–30 days”. We initially tried to perform analyses in such a way (i.e.; ≤ 7 days, 8–30 days, ≥ 30 days). However, we were not certain because no previous studies had been conducted using these methods. Therefore, we followed a common approach to compare our findings with those of other studies.

Regarding the CPS estimates, 775 (30.1%) predicted that the patients would live for more than 30 days; which is similar for AS. A total of 863 (33.6%) patients survived beyond 30 days. We have added this interpretation to Table 3 as a footnote.

Changes in the text:

Table 3, footnote

Comment 7:

If the data was collected in as continuous data, it would have been interesting to see the spread of the estimates in the results section, for comparison to the spread of actual survival. This would have been, in my opinion, the truest reflection of the estimates as they were collected rather than the categorical data. It also would have been helpful in the interpretation of the results. For example, did many estimates go over the 30-day prediction? Compared to the actual survival range, this would be interesting to know.

Reply 7:

Thank you for the suggestion. We have described the number of estimates that exceeded the 30-day predictions in Table 3 as a footnote. We have explained the correlation between the CPS and actual survival in the Methods and Results sections. We have added a scatter plot as supplementary Figure 1.

Changes in the text:

Table 3; p.12, lines 2–4; p.13, line 3; p.15, lines 9–12 and supplementary Figure 1.

Comment 8:

Was there a reason for not including the PPV/NPV in table 4?

Reply 8:

Thank you for pointing this out. There were no specific reasons for this observation.

We have listed the PPV/NPV ratios in Table 4.

Changes in the text:

Table 4.

Comment 9:

There has been little interpretation of the PES score.

Reply 9:

Thank you for pointing this out. The significance of PES in this study was low.

Therefore, we deleted the description of the PES scores.

Changes in the text:

p.12, lines 14–18; p.15, line 18 and p.16, line 1.

The discussion is well written with a good consideration of limitations.