

## Peer Review File

Article information: <https://dx.doi.org/10.21037/apm-23-455>

### Reviewer A

The manuscript reports on a scoping review on PC for people with advanced multiple sclerosis. Unfortunately, the review has fundamental errors. For brevity, I'll mention some examples for each point.

**Comment 1)** Wrong classification of studies - Appendix I/B: 'retrospective RCTs' can be considered an oxymoron. The studies reported in Appendix I/C are NOT RCTs. The study by Buzgova et al. 2021 (Appendix II) is a controlled trial and should be part of Appendix I instead.

**Reply 1:** Thanks for the comment, the due corrections have been made. Buzgova et al was included in the second part of the table because it aims to respond to unmet needs, not in terms of cost-effectiveness.

**Changes in the text:** Fixed the table Appendix I: Cost-effectiveness of PC intervention in patient with MS - B

**Comment 2)** Incorrect identification of outcomes pertaining to a same study - The results on cost-effectiveness (Rosato et al.) and on symptom burden (Solari et al.) reported in Appendix 1/a pertain to the same RCT.

**Reply 2:** Thanks for the comment. The articles refer to the same population under analysis but evaluate different aspects: Rosato et al evaluated the cost-effectiveness of home care. The 2018 study by Solari et al evaluates other aspects of effectiveness.

**Comment 3)** Incomplete reporting of outcomes - Caregiver burden was assessed in all of the trials, however only the results for Higginson 2011 are reported.

**Reply 3:** Thanks for the comment, these have been corrected

**Changes in the text:** Changed line 135. Changed figure 2.

### Reviewer B

**Comment 1)** There are 2 existing Cochrane systematic reviews on this topic – therefore,

it would be helpful if authors clarified what the reason for this scoping review is. Is this an updated search compared to previous review? Is this to inform new guidelines development? Is this review to help create an integrated neuropalliative care service based on the findings of the review?

Latorraca COC, Martimbianco ALC, Pachito DV, Torloni MR, Pacheco RL, Pereira JG, Riera R. Palliative care interventions for people with multiple sclerosis. *Cochrane Database of Systematic Reviews* 2019, Issue 10. Art. No.: CD012936. DOI: 10.1002/14651858.CD012936.pub2. Accessed 31 July 2023.

Gomes B, Calanzani N, Curiale V, McCrone P, Higginson IJ, de Brito M. Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers. *Cochrane Database of Systematic Reviews* 2013, Issue 6. Art. No.: CD007760. DOI: 10.1002/14651858.CD007760.pub2. Accessed 31 July 2023.

**Reply 1:** Thanks for the comment. Indeed, this research aims to update the knowledge about PC in patients with severe multiple sclerosis and to inform about new guidelines and justify the need for the creation of an integrated service of neuropalliative care, as well as of reference criteria for integration in these services.

**Changes in the text:** Changed line 61, 264, 305

**Comment 2)** There are 2 parts of the review: one focusing on cost-effectiveness and another focusing on unmet needs of MS patients. It would be helpful if the authors addressed how awareness of these unmet needs would inform the integration of palliative care services, which aspects of palliative care are specifically needed for persons with MS, and if the presence of these unmet needs affects any evaluation of the cost-effectiveness of current neuro-palliative MS care models because the current integrated models are ineffective. At present, the review paper has 2 separate questions that need to be cohesively tied into one narrative.

**Reply 2:** Thanks for the comment.

**Changes in the text:** Added information line 122, 306, and 336.

**Comment 3)** From a methodological perspective, there are multiple types of studies included, such as: RCTs (studies included for evaluation of the cost-effectiveness of PC interventions in MS) and qualitative studies (studies included for the evaluation of unmet needs of patients with MS, their caregivers and healthcare professionals). The methodology section requires further clarification about how the qualitative synthesis of the studies was performed and what methodological guidance for the conduct of mixed methods systematic reviews was used.

**Reply 3:** Thanks for the comment, changes have been made in order to incorporate these informations.

**Changes in the text:** Added information line 70-72; 84-89.

### **Reviewer C**

**Comment 1)** Authors thoroughly studied the literature on palliative care and multiple sclerosis. This indeed is an important work considering a patient group often denied by and for palliative care.

Unfortunately, there are technical and content deficiencies that, in my view, need to be corrected/reworked on before publication.

The headline already is misleading. This review does not examine effectiveness or efficacy. In my view, this has to be removed (“Integrating palliative care in patients with advanced multiple sclerosis: a scoping review”). Efficacy and effectiveness are not the same and the terms are inadequately used. Effectiveness and efficacy statements can only be concluded from confirmatory clinical trials, of which there are very few in the field of palliative care and multiple sclerosis. When using in this manuscript “effectiveness” and “efficacy” terms are not used in a correct context and mostly have to be omitted or replaced.

Abstract: This study aims to describe what is known about the integration of palliative  
24 care in patients with severe multiple sclerosis (“what is known about” should to be

added)

I do not quite understand the “Key findings” with respect to what exactly is new and what is already known. This has to be presented more clearly.

Alone when searching in pub med for “palliative care and multiple sclerosis” between Jan 2011 and December 2022, 171 results occur which does not suit to authors’ results. The authors must please describe their approach more clearly.

Indeed, I miss some studies which seem not to be chosen by authors for their review. It is not clear to me how the authors arrived at the 19 articles selected and for what reasons studies/literature were excluded. Figure 1 only says that records were excluded; the reader does not learn for which reasons they were excluded.

Some methodological aspects are described within the section results. This has to be adjusted.

Authors speak of "retrospective randomized clinical trials", randomized clinical trials are always prospective not retrospective. Authors subsume studies to a telephone hotline under "randomized clinical trial"; however, the telephone hotline was a telephone counseling hotline in which no randomization took place. Such wordings and inaccurate information are misleading.

L1 306-309: This is a telephone hotline support on questions about palliative and hospice care (structures). It is not “home PC”.

**Reply 1:** Thanks for the comments and suggestions, which have improved this article. Regarding research, the keywords mentioned were searched in Medline as mesh terms (described in the study).

**Changes in the text:** Changed line 305. Changed title. Changed highlight box. Changed figure 1. Changed tables appendix.