

Peer Review File

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REVIEWER A

Comment A1: This is a well-organized article that looks at changes in patients and caregivers' preferences for place of death. I think it's very interesting and well written.

Response A1: Thank you for your feedback.

REVIEWER B

Authors reported the results of their prospective analysis which aimed to reveal the change of concordance for the preference of place of death in terminally ill solid cancer patients and their caregivers in Singapore. It is significant in analysis from the perspective of the concordance for preference of place of death in patients and caregivers, although there are a lot of studies related of preference for place of death in advanced cancer patients. The methods and ethical consideration are stated in the protocol paper (Teo,2018). Accordingly, I think this manuscript needs only minor revisions as follows.

Comment B1: Figure 3 should be revised more self-explanatory. Hard to understand what the pie chart on the left indicates briefly.

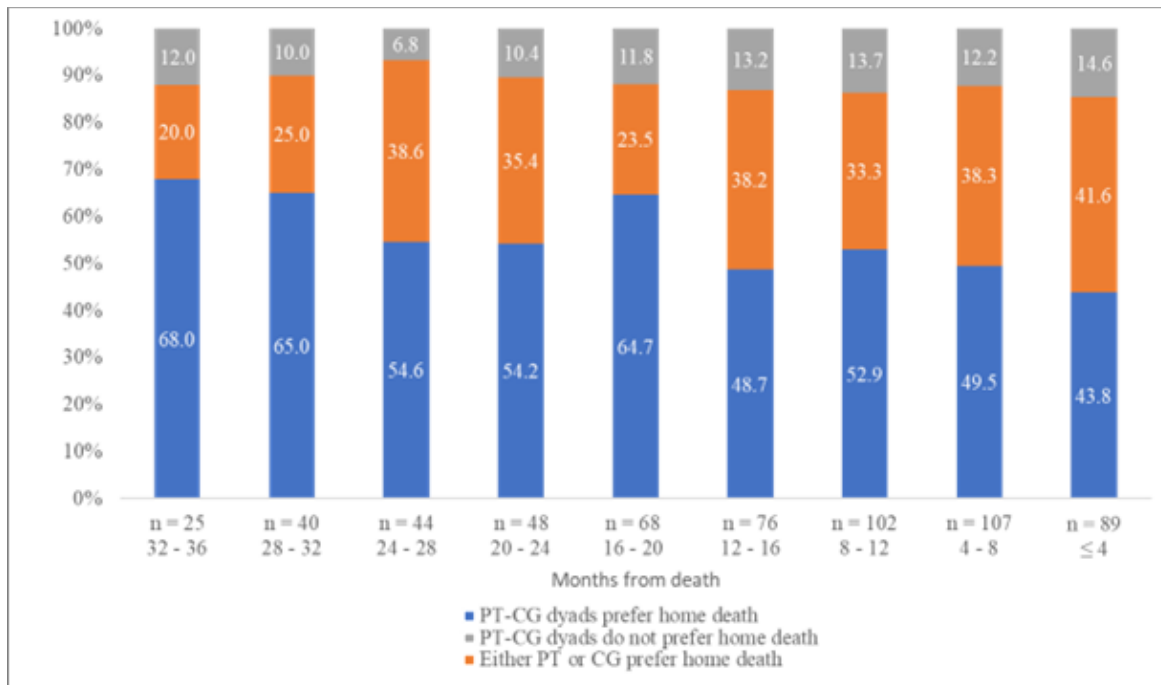
Response B1: Thank you for the feedback. We have now removed the pie chart from Figure 3. Revised Figure 3 shows the pattern of concordance in patient-caregiver dyads' preference for home death in the last 3 years of patients' life.

We have also revised the manuscript text, results section.

“Overall, more than half of the total observations from patient-caregiver dyads (54%) in the last 3 years of patient's life were concordant in their preferences for home death. 12% of the total observations were concordant in not preferring home death and 34% were discordant with either patient or caregiver preferring home death.

Concordance in preference for home death decreased closer to death (68.0% to 43.8%). Conversely, discordance in preference for home death (either patient or caregiver preferred home death) increased as death approached (20% to 41.6%) (Figure 3).

Figure 3. Concordance in patient-caregiver dyads' preference for home death in the last 3 years of patients' life



Comment B2: As to figure 3, it is interesting that proportion of concordance for the preference of home death is increasing at 16-20 months from death. Do authors have any analysis for this?

Response B2: Figure 3 shows that preference for home death among patient-caregiver dyads changes over time. We do observe a sudden increase in the proportion of dyads with concordance in preference for home death at the 16–20-month period before death. Unfortunately, we do not know the reasons for this sudden increase. This needs further investigation using large sample sizes at each time point.

Comment B3: The results in the 3 categories need some clarity as they seem confusing to the readers.

The analysis would be better if the preferred place of death - could be separated. It makes better sense if Dyad preferred hospice and died in hospice- then your results might be different.

Response B3: Thank you for the feedback. We agree that those who preferred hospice and died in hospice may have had a different pattern of concordance in their preferences at end-of-life. However, we could not separate the preferred place of death for hospice and nursing homes, as their proportions were very low in our dataset (for all available observations, patient’s preference for hospice- 2.8% and nursing home- 1.3% and caregiver’s preference for hospice- 1.8% and nursing home – 0.3%). Hence, we categorized preferred place of death into mainly 2 groups, home and non-home (institutional (includes hospital, hospice, or nursing home)) and unsure/others). We have included this as a limitation in our study.