

Peer Review File

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Reviewer 1

Comment 1: The Introduction is a bit long and too broadly focused. There is no mention of Dignity Therapy – the focus of the paper – until the last paragraph of the Introduction.

Reply 1: Thank you for your comment. Of note, another reviewer commented that the comprehensiveness of the introduction was a positive aspect of the paper. On re-review we believe that the thorough introduction naturally leads to the work that we have done and the reasons that we chose to offer Dignity Therapy in this population.

Comment 2: You mention collecting quantitative data in the Methods, but none is presented. In the Discussion, you suggest that future research “should also use validated questionnaires to gather quantitative patient outcome data.” Did you do that?

Reply 2: Yes; there was high attrition for the quantitative data and therefore we do not have enough to make sound conclusions from the quantitative data. We felt that the qualitative data was worth reporting on its own, and we are currently working on a follow-up study which is gathering mixed-methods data on a larger scale.

Comment 3: In the Introduction, you state “it is especially important for patients with brain tumors to be understood by those who care for them, not just as a patient but as a person.” How do you know that is true? And what would explain why this population is different in this regard than other cancer patients?

Reply 3: This is known to be true based on clinical experience, as well as research indicating that sense of self is impacted by brain lesions (new references were added), and that person centered care is beneficial for those with neurological disease and cognitive impairments (majority of identified work has been in Alzheimer’s populations). This sentence was updated to read as follows: “As brain lesions have been correlated with an altered sense of self, it is especially important for patients with brain tumors to be understood by those who care for them, not just as a patient but as a person.” We hope this clarifies how this is unique for this population; thank you for bringing this to our attention.

Comment 4: You mention about the difficulty in getting follow-up surveys completed. Do you have data on how quickly after the intervention participants died?

(The eligibility criterion is “expected to live two weeks, and no more than one year.”) That would be relevant data to have. Do patients/caregivers who complete it farther from death evaluate it differently than those who participate closer to death?

Reply 4: Unfortunately, we do not have this data, but we think that this would be very valuable data to collect and will see if this is possible to gather in the current study; thank you for this suggestion!

Comment 5: One third of the references – 8 of 23 – are over 10 years old. Are there more recent references to use?

Reply 5: Some of the older references seemed worth including, but 2 were removed/replaced, so now just 6 of 25 references are over 10 years old

Reviewer #2

Comment 1: I found this article very well-written with a very comprehensive background section and good discussion and conclusion sections.

Reply 1: Thank you!

Comment 2: I’m confused why the investigators would enroll people with a life expectancy at the lower end of their range, i.e. less than six weeks, when their intervention is carried out over a six-week period of time. Explaining this rationale would add to the credibility of the manuscript.

Reply 2: A note was added to the end of the methods section, explaining that the intervention range was a maximum of six weeks and there was flexibility to speed up the timeline for those with a shorter life expectancy

Comment 3: The authors admit that the sample is small, but really it is **very** small, and I wonder if it is reasonable to draw conclusions based on it. I appreciate the way the authors have summarized the qualitative results they do have, but am much more appreciative of both the background section and the discussion and suggestions for future research. I wonder if they would be better off re-working this article as a feasibility report. They have an important message to give, but I’m not sure it is based on the qualitative data.

Reply 3: Thank you for appreciating the message that we aim to share, and for these positive comments. We are aware that the sample size is very small, but upon reviewing the data, it feels that it would be short/lacking without reporting the qualitative data. We have added more focus on feasibility throughout, including an additional table, but the feasibility piece alone does not seem to be enough for an “original article” and there are no other manuscript categories that seem to be fitting

from this journal in order to share this information and message.