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Reviewer Comments

Comment 1. Since there are quite a number of outcomes reported, please kindly clarify the primary objective/ research question of the study.

Reply 1. The objectives of this study were shown in the introduction. We have modified our text for clarification (see Page7, line 106-109).

Changes in the text: The primary objective of this study is to evaluate the conceptions and perceptions on PC among gynecologic oncologists. Secondary objective is to identify the factors that might affect their ideas providing the useful information in order to improve PC quality for Thai gynecologic cancer patients.

Comment 2. In the questionnaire, the participants were asked if they agree to introduce or give advice about palliative care. Is there any definition on what kind of action is classified as having introduced or given advice about palliative care? Since discussion of palliative care can range from very brief introduction of the term only to in-depth discussion about advance care planning and which can signify very different attitudes and behaviours.

Reply 2. We did not define or classify the term of action or practice in palliative care in which demonstrated in the questionnaires. We would aim to evaluate the participants' degree of agreement in the concepts and perception in the practice, so the answers were evaluated in a 5-point Likert scale. However, we provided the open-ended questions about their problems in palliative care practice. We have added some details of the questionnaires in methods (see Page8, line 136-137). The answers to the open-ended questions were also summarized in the results (see Pages12, line 219-227).

Changes in the text: The questionnaires also comprised the open-ended questions about the additional opinions and the problems in PC.

Comment 3. There were 4 case scenarios included in the survey. How were these scenarios being created and why these 4 scenarios were chosen?

Reply 3. The 4 clinical scenarios were chosen by a prognosis basic according to age groups (young, middle, or old age group) and stage of disease (early or advanced stage, or at recurrence). We have modified our text as advised (see Page 8, line 133-136)

Changes in the text: Four specified clinical scenarios were created to evaluate a decision-making trend, based on the prognosis stratified according to the patients' age groups (young, middle, or old age) and stages of cancer (early stage, advanced stage, or at recurrence).

Comment 4. For the clinical scenario 1 Q2-3, seems like there wasn't an option for not introducing palliative care or not offering the option of do-not-resuscitate. Would this possibly lead to any bias in the survey?

Reply 4. Thank you for your meaningful comment. The option for not introducing palliative care or not offering the option of do-not-resuscitate was not included as a choice of answers in clinical scenario 1. This potentially caused the response bias. This scenario was about a middle-aged woman with recurrent and advanced disease. Based on current routine practice, palliative care was often offered in every recurrent setting. Therefore, we made a mistake for not paying attention in offering the option of not introducing palliative care or not offering the option of do-not-resuscitate. We add this point in the discussion (see Page 15, line 293-297).

Changes in the text: Although there were some open-ended or subjective questions in our survey, multiple choice or objective questions remained the majority of the questionnaires. This might lead some response bias. A qualitative research in this area may discover the details of the physicians' concern, perspective, attitude and practice,

also reduce the response bias.

Comment 5. For scenario 2, this was a young patient with early endometrial carcinoma in remission after treatment. However surprisingly there was quite a significant proportion of participants who would introduce palliative care at the time of diagnosis and discuss do-not-resuscitate even if the patient was still in remission 5 years after treatment. Echo to the introduction, it has been mentioned that "However, most of the cancer patients will experience disease progression or recurrence which is an ominous prognosis. Consequently, the end-of-life state is an unavoidable destination" (row 69-71). It appears that both the authors and participants were quite pessimistic about the prognosis of cancer and this appears to deviate from the views of many practicing Oncologists as there should be a significant proportion of cancer patients who can survive from their disease. Is this a common perception shared among Thai Gynaecologic Oncologists and is there any explanation about the phenomenon?

Comment 6. Same concern as above for Q12.

Reply 5, 6. The reason that many Thai gynecologic oncologists in this survey pay attention in early offering of palliative care even in early stage cancer in young patients may probably be from a Thai Buddhist culture. Around 95% of Thai people practice Buddhism. They believe in “the Contemplation of Death”, practice mindfulness, guard the earnestness, are compassionate. They always support each other when unpleasant or distressing events happened. Oncologists do not only reassure their patients very often about their remission, but also tell them the whole disease prognosis and chance of recurrence. Routine advices are how to observe abnormal symptoms which may lead to the early detection of disease recurrence, or how to control suffering symptoms from the treatment complication. We also add these details on Page 13, line 244-252.

Changes in the text: The reason that many Thai gynecologic oncologists in this survey pay attention in early offering of palliative care even in early stage cancer in

young patients may probably be from a Thai Buddhist culture. Around 95% of Thai people practice Buddhism. They believe in "the Contemplation of Death", practice mindfulness, guard the earnestness, are compassionate. They always support each other when unpleasant or distressing events happened. Oncologists do not only reassure their patients very often about their remission, but also tell them the whole disease prognosis and chance of recurrence. Routine advices are how to observe abnormal symptoms which may lead to the early detection of disease recurrence, or how to control suffering symptoms from the treatment complication.

Comment 7. Both scenarios 2 and 4 were patients with early stage cancer. In scenario 2, senior participants were associated with the decision to introduce DNR at the first diagnosis while for scenario 4, younger participants were associated with early introduction of PC. Was there any explanation for these different observations.

Reply 7. In scenario 2, both young and senior participants decided to introduce the palliative care at the recurrent setting. Most of the participants chose to talk about the diagnosis (74.40%) and introduced palliative care at the recurrent setting regardless of the patient's symptom (56.5%). However, the introduction of palliative care at the time of diagnosis, was chosen only by approximately 15% of all participants. If the patient was still in remission, most of the participants decided not to discuss about DNR (71.98%). Age of participants and workplace settings were associated with the decision to introduce PC with the p value of 0.031 and 0.030, respectively. The workplace settings of the participants were also an important factor affecting the decision to discuss DNR even in the patient without any evidence of disease (P=0.001). Although this level was statistically significant, it was not clinically significant. We rewrote the results for improving comprehensive as shown in page 11, line 191-194.

In scenario 4, there was a statistically significant difference between age group of the participants in introduction of palliative care in each clinical situation. But this was no clinical significance due to very small number of the participants for

some condition (e.g., 8 in 207 participants for the answer "Do not tell the patient but introduce a palliative care to her son"). We revised the result to make it more understandable, see Page 11 and 12, line 210-214.

Changes in the text: Age of participants and workplace settings were associated with the decision to introduce PC with the p value of 0.031 and 0.030, respectively. The workplace settings of the participants were also an important factor affecting the decision to discuss DNR even in the patients without any evidence of disease (P=0.001).

AND

Regarding the participants' characteristics, age of the participants and workplace settings were also associated with the responses on the introduction to PC with the p value of 0.046 and 0.029, respectively. Moreover, their age and working experiences were associated with their response to discuss DNR with the p value of 0.010 and 0.003, respectively.

Comment 8. It is concluded that Thai Gynaecologic Oncologists had proper perspectives in PC. What is the definition of proper or Improper perspectives based on the answers given in the questionnaire?

Reply 8. The objective questions represented proper managements in palliative care as shown in the introduction (reference no 3 and 4). Most of participants agreed or strongly agreed with these texts as shown in paragraph 2 of the result. Thus, most of Thai gynecologic oncologists have proper perspectives of management in palliative care.

Comment 9. The response rate of the survey was > 60%, while some other similar studies as quoted in the references had only <20% response rate. And this response rate appears to be rather encouraging for survey conducted with similar method. Was there any factor that can contribute to such a high response rate?

Reply 9. Strength of this study is the high response rate due to the ease of response.

Because our survey represented in an online google form that can be assessed via hyperlink or QR code. There was easier when everyone just clicks! We also announced and asked for the cooperation at the time of our annual academic meeting. We add this aspect in Page 15, line 297-298.

Changes in the text: However, one of the strengths in this study was a high response rate which was 64.69%. The reason might be the ease of the assessment via the online platform.