

Peer Review File

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Reviewer A		
Comments	Reply	Changes in the text
Comment 1. The scope of the study is not entirely clear. This should be formulated and focused on. Is it a description of the current landscape? Or an evaluation of the tools used? Or a recommendation of how to go ahead?	The present study aimed to determine the exact neurocognitive status and quality of life in patients with GB in the Mediterranean region and the different predictive factors responsible for their deterioration.	See Page 03, line 55 -60
Comment 2. It is also not clear why the described problems should be specific for Mediterranean countries, as there is no comparison to other countries. Please clarify.	Based on several studies, Health-related quality of life (HRQOL) may differ in patient populations with glioma, with different geographic, social and cultural backgrounds. in this sense, the Association of Radiation Therapy and Oncology of the Mediterranean mentioned in its report the heterogeneity of the data of glioblastoma patients in the Mediterranean countries (namely survival and quality of life), and that this may be due to the difference in socioeconomic status between the countries of southern Europe and North Africa or the Middle East.	See Page 03, line 46-54

<p>Comment 3. Papers from Italy, France, Turkey and Egypt are listed. Nothing from all the other Mediterranean countries?</p>	<p>The results that we revealed by following the PRISMA method, and by searching in the databases that we cited in the Method part revealed that just the studies of France, Italy, Turkey, Egypt which did well respect the criteria of inclusion and exclusion we have fixed upstream.</p>	<p>See Page 03-04, line 67-82</p>
<p>Comment 4. It is also not clear how south and middle Mediterranean countries were separated, and no distinct results are presented for both regions.</p>	<p>The objective was to show a lack of studies, especially for the countries of North Africa and the Middle East. we have removed this sentence so as not to be interpreted differently by the reader.</p>	
<p>Comment 5. Table 4 and 5 are not readable in the current form and should be restructured.</p>	<p>We have combined some of the information in the tables to improve readability, we have added more information in Table 3, to put an overview of each study (we have added the type of treatment and the type of NCF/QOL assessment then we restructured table 4 and 5, we added the assessment used and the results for NCF in table 4 and QOL in table 5.</p>	<p>See: Table 3 Table 4 Table 5</p>
<p>Comment 6. The conclusion may be valid, but is not substantiated by the results of the review. Please focus your discussion and conclusions on facts that can be really deduced from the review.</p>	<p>We conclude that there were many changes in GB patients during the course of the disease and that most of them were related to the Age and progression of the disease. In this sense, and according to the results of this review, health systems should address other modifiable factors in order to improve the quality of life of patients with glioblastoma in the Mediterranean region, especially through the use and implementation of more</p>	<p>see Page 13, line 304-310</p>

	effective coping strategies based mainly on social support at the time of diagnosis.	
Comment 7. The English language needs significant editing, best by a native speaker	well corrected by an English teacher	
Comment 8. Glioblastoma is, since 2007, no longer called “glioblastoma multiforme”. Please correct to “glioblastoma”	well corrected in the text	
Reviewer B		
Comment 1. In the Abstract, the conclusions do not align with the results. The authors do not report on modifiable factors associated with NCF or QOL and literature does not review the role of palliative care in GBM patients.	we have corrected the conclusion part based on the results of our study	Abstract
Comment 2. In the Introduction, please update the CBTRUS reference (Ostrum Neuro Onc 2017 citing data from 2010 - 2014).	well corrected in the text	See Page 01, line 16 and 25
Comment 3. In the Introduction, it would be helpful to expand on why the authors felt it important to report on NCF and QOL in Mediterranean population - is it secondary to limited palliative care resources? Though the authors suggest palliative care interventions would be helpful, there is no background to explore current state of palliative care in the Mediterranean (or globally)	Based on several studies, Health-related quality of life (HRQOL) may differ in patient populations with glioma, with different geographic, social and cultural backgrounds. in this sense, the Association of Radiation Therapy and Oncology of the Mediterranean mentioned in its report the heterogeneity of the data of glioblastoma patients in the Mediterranean countries (namely survival and quality of life), and that this may be due to the difference in socioeconomic status	See Page 03, line 46-54

	between the countries of southern Europe and North Africa or the Middle East..	
Comment 4. In the Introduction, it may also be helpful to provide an overview of treatment and spectrum of age at diagnosis, as well as MMSE and KPS. Given this is a palliative care and not neuro-oncology audience, would suggest expanding a bit more on these topics.	well corrected in the text	see Page 01, line 19-22 see Page 02, line 31-33 see Page 02, line 42-45
Comment 5. In the Methods, please define the Mediterranean	well defined in table 1	Table 1
Comment 6. In the Results, please consider combining some of the information in the Tables to improve readership. For example, results from Table 2 and 3 could highlight the basic information about the study and whether NCF or QOL was assessed. There should be more of an overview as to the publication (for example treatment investigated). Then one Table to describe NCF results including assessment used and outcome and another Table to describe QOL results including assessment used and outcome. Currently, the data presented in the Tables seems disconnected and difficult to interpret.	we have combined some of the information in the tables to improve readability, we have added more information in Table 3, to put an overview of each study (we have added the type of treatment and the type of NCF/QOL assessment then we restructured table 4 and 5, we added the assessment used and the results for NCF in table 4 and QOL in table 5.	See: Table 3 Table 4 Table 5
Comment 7. In the Discussion and Conclusions, the authors present the summary of their data that includes correlations of KPS, age, etc on NCF and QOL, though the conclusions seem very focused on the role of palliative care and opportunities for intervention. The authors could possible strengthen this connection by drawing on the broader literature of palliative care in neuro-oncology and common symptoms that are addressed, etc. And how the results of this study would support increasing access of GBM patients to palliative care	<u>In the discussion part</u> we added that to address this high symptom burden, several randomized controlled trials (RCTs) in various groups of advanced cancers other than GBM have shown a positive effect of early integration of palliative care (EIPC) regarding quality of life (QoL) improvement , however, a recent literature review revealed a paucity of palliative care use in patients with glioblastoma, although a new protocol has	see Page 13, line 285-290

	<p>been published for a randomized phase III trial that aims to evaluate the effect of early PC for GB patients .</p> <p><u>In the Conclusion part</u></p> <p>_ We conclude that there were many changes in GB patients during the course of the disease and that most of them were related to the Age and progression of the disease. In this sense, and according to the results of this review, health systems should address other modifiable factors in order to improve the quality of life of patients with glioblastoma in the Mediterranean region, especially through the use and implementation of more effective coping strategies based mainly on social support at the time of diagnosis.</p>	<p>see Page 13/14, line 305-310</p>
<p>Comment 8. There are several minor grammatical errors in the manuscript that should be reviewed thoroughly</p>	<p>well corrected by an English teacher</p>	<p style="background-color: #cccccc;"></p>