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Methods*Stratification of care, acute events and therapeutic decisions*

The 12 cases where stratification was discussed with the patient and/or relatives were examined more closely: 3 were scored *ICU*, 3 *DIC* (discuss intensive care), 5 *MCU* (medical care in the unit) and 1 *EPC* (exclusive palliative care). An acute event occurred for 3 of them, all scored as *MCU*. There was no need for the resuscitator; case management was completed for only one patient who received exclusive palliative care and died. The other two patients were discharged from the hospital: one died 15 days later, the second patient was still alive at 6 months.

WHO/ECOG performance status (PS) on 3 evaluation times and outcome

Table S1 describes the WHO/ECOG PS as recorded in the DAF (reflecting the clinical status within the last month) and PS immediately *before* transfer, and shows a concordance of 78% between the two assessments on GR1 (127 patients out of 162, green characters, *Table S1*). The PS recorded in the DAF was lower than the one before transfer in 12 cases (7%), and higher in 23 cases (14%). When compared to survival curves, pre-transfer PS scores [broadly close to DAF scores (*Table S1*)] did not appear to predict long-term survival (*Figure 5*): patients with a PS=2 had a similar or even lower survival than patients classified PS >2 (Log-rank test, P=0.005).

Table S2 compares PS scores immediately *before* and *after* transfer on GR2, for the 156 patients whose data were completed; both estimates were 48 hours apart. Scores were consistent for 50% of the patients (77/156, green diagonal, *Table S2*). For 64 of the 156 patients (41%), the pre-transfer PS was lower than at patient's admission, and greater in 15 (10%). The PS scores within 48 hours after transfer, unlike the scores calculated on GR1 (i.e., *before*), were predictive of the long-term survival for the 190 patients for whom the item was completed (survival of patients assessed as PS 0-1 > PS 2 > PS 3-4, *Figure 6*. Log-rank test, P<0.0001).

Table S1 Comparison between WHO/ECOG performance status (PS) on the to Decision-Aid Form and immediately before transfer

PS within the last month (in the Decision-Aid Form)	PS immediately before transfer on GR 2						Total
	0	1	2	3	4	Not mentioned	
0	6 (3.5%)	3 (1.7%)	1 (0.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10 (5.8%)
1	1 (0.6%)	42 (24.4%)	10 (5.8%)	2 (1.2%)	0 (0.0%)	0 (0.0%)	55 (32.0%)
2	1 (0.6%)	2 (1.2%)	58 (33.7%)	7 (4.1%)	0 (0.0%)	1 (0.6%)	69 (40.1%)
3	0 (0.0%)	0 (0.0%)	5 (2.9%)	19 (11.0%)	0 (0.0%)	1 (0.6%)	25 (14.5%)
4	0 (0.0%)	0 (0.0%)	2 (1.2%)	1 (0.6%)	2 (1.2%)	0 (0.0%)	5 (2.9%)
Not mentioned	0 (0.0%)	0 (0.0%)	6 (3.5%)	1 (0.6%)	1 (0.6%)	0 (0.0%)	8 (4.6%)
Total	8 (4.6%)	47 (27.3%)	82 (47.7%)	30 (17.4%)	3 (1.7%)	2 (1.2%)	172 (100.0%)

GR, Gustave Roussy site.

Table S2 Comparison between WHO/ECOG performance status (PS) immediately before and after transfer

PS immediately before transfer on GR 2	PS immediately within the first 48 hrs. on GR 2					Total
	0	1	2	3	4	
0	1 (0.6%)	4 (2.5%)	2 (1.3%)	0 (0.0%)	0 (0.0%)	7 (4.4%)
1	0 (0.0%)	18 (11.4%)	18 (11.4%)	5 (3.2%)	1 (0.6%)	42 (26.6%)
2	0 (0.0%)	5 (3.2%)	42 (26.6%)	27 (17.1%)	2 (1.3%)	76 (48.1%)
3	0 (0.0%)	1 (0.6%)	9 (5.7%)	13 (8.2%)	5 (3.2%)	28 (17.7%)
4	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (1.9%)	3 (1.9%)
Not mentioned	0 (0.0%)	0 (0.0%)	2 (1.3%)	0 (0.0%)	0 (0.0%)	2 (1.3%)
Total	1 (0.6%)	28 (17.7%)	73 (46.2%)	45 (28.5%)	11 (7.0%)	158 (100.0%)

GR, Gustave Roussy site.