Author's response to reviews

Title: Factors associated with the goal of treatment in the last week of life in old compared to very old patients: a population-based death certificate survey.

Authors:

Tinne Smets (tinne.smets@vub.ac.be)
Rebecca Verhofstede (rebecca.verhofstede@vub.ac.be)
Joachim Cohen (joachim.cohen@vub.ac.be)
Nele Van Den Noortgate (Nele.VanDenNoortgate@uzgent.be)
Luc Deliens (luc.deliens@vub.ac.be)

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Author's response to reviews: see over
**RESPONSE TO THE REVIEWER’S COMMENTS**

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“Factors associated with the goal of treatment in the last week of life in older patients: a population-based death certificate survey”

<table>
<thead>
<tr>
<th>Comments of the reviewer</th>
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<tr>
<td><strong>Minor essential revisions:</strong></td>
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<tr>
<td>In section 'Methods' please describe how cases were weighted to be representative especially regarding the statistical analyses.</td>
<td>The selection of deaths and sampling procedure needed to provide a representative sample of all deaths in Flanders in 2007. We sampled a fraction of almost 25% of all deaths in Flanders in a six month period from June 1st until November 30th 2007. This amounted to 6927 death cases, approximately 12% of all deaths in 2007. The sample is proportioned for month of death and province of death. We also adopted disproportionate sampling of deaths to include more patients with a cause of death known to have a higher likelihood of an end-of-life decision being made. According to the underlying cause of death on the death certificates and the corresponding probability of an end-of-life decision being made deaths were grouped into one of four strata and sampled disproportionally. Data were afterwards weighted. Potential weighting variables were: sex, age, educational level, marital status, living situation, province of residence, month of death and place of death. In a first step, we checked for which of the above mentioned variables there were significant differences between the sample and deaths within the general population. Significant differences were found for place of death and cause of death. The sample was subsequently weighted for these variables. In a second step, the influence of non-response</td>
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on the representativity of the data was checked (all cases already had an initial weighting coefficient from step 1). In this step, significant differences were found between deaths where responses had been received and deaths where no responses had been received for age, place of residence and cause of death. Cases were subsequently weighted to correct for non-response. After this double weighting procedure, there were no significant differences between deaths where responses were received and deaths within the general population in 2007.

We added information about the weighting procedure in the methods section. Revised manuscript lines 166-176:

In a first step, we checked whether there were significant differences between the sample and deaths within the general population on the variables sex, age, educational level, marital status, living situation, province of residence, month of death and place of death. Significant differences were found for place of death and cause of death. The sample was subsequently weighted for these variables.

In a second step, the influence of non-response on the representativity of the data was checked. Significant differences were found between deaths where responses had been received and deaths where no response had been received for age, place of residence and cause of death. Cases were subsequently weighted to correct for non-response. After this double weighting procedure, there were no significant differences between deaths where responses were received and deaths within the general population in 2007.