Reviewer’s report

Title: Table in the corner: A qualitative study of life situation and perspectives of the everyday lives of oesophageal cancer patients in palliative care

Version: 0 Date: 30 Apr 2019

Reviewer: Esra Alagoz

Reviewer’s report:

I would like to thank the authors for conducting this important study in an under researched area. The study reports on significant findings that would guide the palliative care of oesophageal cancer patients.

Although the background gives a good summary of the disease and the literature, the philosophical underpinnings of how hermeneutics guide the study is not clear. The authors only say one sentence about hermeneutics. The authors need to elaborate on what they mean by 'hermeneutic interpretation' and how it is applied to the data analysis.

More detail is needed in the data analysis as well. In an 'interpretive' study such as this one, it is hard to make sure that the ideas are interpreted correctly and consistently among coders throughout the analysis. How did the authors ensure this consistency? Did they use any software to keep track of their analysis? On page 7, the authors say, "the interviews were read…" How many were involved in this process? Who are they? Were they also involved in the writing process? Did coders read the data together or individually? If individually, how did they ensure inter-coder reliability? Because this whole paragraph is in passive voice, and not well incorporated with the theory, it reads as if it is taken from a textbook.

Another issue with the overall structure is the lack of cohesion in the arguments in the results section, which makes the paper hard to follow and leads to repetition of similar arguments in different sections. I will elaborate these below:

1. I appreciate the authors' effort to use phrases from patient interviews for section headings. However, these phrases are too vague and does not convey the message that will be discussed in that section. For example, the phrase 'table in the corner', can be interpreted as loss of community. However, the authors also talk about important issues such as "identity", "dignity" and "support". These very crucial topics go beyond 'loss of community' and not conveyed by the phrase 'table in the corner'. Similarly, "Being in a zombie-like state" does not convey the 'pain and symptoms' discussed in this section.

2. On page 8 line 5, the authors talk about sub-themes. However, the thematic structure that these sub-themes belong to is unclear.
3. Page 8 line 12, 'undignified' is a very different term than 'embarrassed'. The authors need to explore how they concluded that eating in other's company leads to feeling 'undignified'.

4. Page 8 line 19-21, the patient is talking in literal terms in reference to 'table in the corner'. This important phrase creates the framework for the manuscript. However, the links that authors make to the more figurative interpretations of this phrase in the overall manuscript are not explicit.

5. The "Loss of community' section is more about isolation and how some patients decide not to be involved in the community due to their disease. The patients talk about this negatively. However, the authors describe this as "catalyst for change" in line 8, which has a more positive connotation.

6. The heading "loss of community" may refer to lack of support due to the use of word 'loss', which has a connotation of unintentionality; whereas in the discussion section authors argue that, this isolation is (mostly) by patients' choice (page 14 line 7, "denial or refusal to confront the changes").

7. The section "Being in a zombie-like state" talks about pain and other symptoms caused by the disease. The authors connect it to dignity and identity. However, it is not clear how pain leads to loss of dignity and identity. There is vast literature on these two topics and the way these are described here in relation to pain is under-developed.

8. In the same section, authors talk about patients' loneliness, which relates to support and some arguments discussed in the previous section.

9. The next section 'One day at a time' talks mostly about patients feeling of 'meaningless' as they feel they are at the end of their life. Please say more about "focusing on present" at the beginning of this section so the reader can link the heading with the section.

10. On page 10, authors describe this state as "kind of paralysis". Please elaborate how it is similar to 'paralysis'.

11. Overall, in this section, authors go back to identity theme discussed in first subtheme (page 10 line 23: "don't 24 know anymore who you are") and disease symptoms discussed in the second subtheme (page 11 line 3: Symptoms such as pain, fatigue, energy loss, mucus production 4 and problems with swallowing dominate the patients' outlook on life). These themes should be discussed in related sections for improved cohesion.

12. On page 12 line 17, it is unclear how "lack of dignity" fits into this section.

13. On page 16 line 14, please say more about how Chochinov's model applies here.

14. Page 16 lines 20-23 this sentence is very difficult to read and can be simplified.
15. Overall, I would like to see more quotes pertaining to the concepts of identity and dignity to understand how patients contextualize these broad topics.

Again, I think this is a very valuable research with important implications for palliative care. Clarifying the noted sections above would improve coherence, clarify authors’ arguments, and make the manuscript easier to read for the audience.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Unable to assess

**Does the work include the necessary controls?**
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