Reviewer’s report

Title: Shared decision making with oncologists and palliative care specialists effectively increases the documentation of the preferences for do not resuscitate and artificial nutrition and hydration in patients with advanced cancer: a model testing study

Version: 1 Date: 15 Nov 2019

Reviewer: Ida Korfage

Reviewer's report:

Review PCAR-D-19-00151_R1

SDM with oncologists and pall care specialists effectively increases the documentation of the preferences for DNR and artificial nutrition and hydration in patients with advanced cancer: a model testing study

I would like to thank the authors for their revisions and their clear responses to my earlier feedback. I think the manuscript has indeed improved.

The abstract still lacks important information that would enable the readers to appreciate the meaning of the findings. You see, as a reader I need to know which change occurred because of the introduction of the model. You conclude that introduction of the model increased rates, but do not enable the reader to see how you reached that conclusion. At the moment the increase in rates of documentation after various steps WITHIN the model is reported. I need to know the rates of documentation BEFORE the steps of the model, ie. Before choice talk, and the rates of documentation OUTSIDE the model, ie. Documentation of people who did not have the choice, option, and decision talk.

If not all numbers are available, can the authors then give an estimate or at least acknowledge this limitation.

I ask the authors to also report in the abstract how many people refused to participate in the study, i.e. number and percentage.

Could you indicate what a higher Eastern Cooperative Oncology Group Performance Status means, i.e. better or worse performance?

The authors now added at page 12: Hence, the documentation of DNR and ANH through the SDM process symbolizes the benefits of earlier palliative care integration as the congruence of patients, family, and medical professionals on the choices of life-sustaining treatments at the EOL.
I appreciate the effort to link the benefits of palliative care to the documentation of DNR and ANH, but think the documentation could rather be seen as potentially a first step to bring about huge changes in complex processes.

The authors now added at page 20: 375 patients with advanced stage solid tumors met the inclusion criteria, and 255 patients were willing to participate in the model.

This is important information. Please also add the percentage (225/375). And please alos report how many of the eligible patients were asked to participate.

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

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Unable to assess

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

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