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: 01 Nov 2019

Reviewer: Amy Tan

Reviewer's report:

Thank you for the opportunity to review the major revisions for this manuscript. The overall writing, content and flow of the manuscript is much more clear and improved in this version. I do still have some suggestions that I hope would further help with the clarity of the paper as follows:

There are a few language and syntax errors that would need to be corrected, including the conjugation of some verbs. For example: Line 348 having instead of have,

Line 365 possibility instead of possibilities and 216/217-be clearly conscious (and competent?) instead of "have a clear conscious".

Please clarify if line 79- durable power of attorney- is this referring to medical or financial? In many jurisdictions around the world, the financial POA is not an explicit part of ACP, which focuses on healthcare preferences.

It is still unclear after careful reading of this manuscript as to whether the outcome measure was the decision to NOT resuscitate or was it documentation about whether DNR or resuscitation was desired by the patient (example line 379). For example, if after the SOP process, a person still chose to be resuscitated, was this accounted for? Or was this seen as a negative outcome, even if it was made with appropriate informed and shared decision-making? This, I would perceive, is also another limitation of this study- given its narrow scope of the overall ACP process, and its focus on EOL treatments in a time where the current discourse is that ACP should focus on overall values and goals and not specific hypothetical medical decisions. Are the authors able to articulate why they chose to focus only on DNR and ANH documentation, which is a small part of the overall ACP process- can the motivation for this decision please be articulated?
In line 329 I don't believe that you can make the assertion that this is an "ideal" process. I would recommend feasible, especially given that the paper mentions (in passing) that this is a model testing. Thus, I don't think that the authors can say for certain that this will be an "ideal" intervention as it was a prototype test for feasibility and early outcomes.

For line 331, I would suggest adding "EOL" before treatments for clarity.

Another overall comment is that the authors describe that this study was a test for their model. I would suggest adding outcomes from the implementation and feasibility of this work as part of the "model-testing" as the outcomes reported would be early expected outcomes from a test/pilot feasibility study. I would also suggest clarifying that this was a pilot/test study in the abstract.

Thank you

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

Unable to assess

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