PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Caring and living with Prader-Willi syndrome in Italy: integrating children's, adults' and parents' experiences through a multicentre Narrative Medicine research.
AUTHORS	Ragusa, Letizia; Crinò, Antonio; Grugni, Graziano; Reale, Luigi; Fiorencis, Alessandra; Licenziati, Maria Rosaria; Faienza, MF; Wasniewska, Malgorzata; Delvecchio, Maurizio; Franzese, Adriana; Rutigliano, Irene; Fusilli, Paola; Corica, Domenico; Campana, Giuseppina; Greco, Donatella; Chiarito, Mariangela; Sacco, Michele; Toscano, Silvia; Marini, Maria Giulia

VERSION 1 – REVIEW

REVIEWER	Dr Zephanie Tyack The University of Queensland, Australia
REVIEW RETURNED	23-Jan-2020

GENERAL COMMENTS	The focus on patient experiences offers what will likely be a unique contribution to the field and should be of great interest to people with Prader Willi Syndrome. However there are two major issues that require attention to demonstrate this was a well-conducted study. These issues may be resolved by adding greater detail to the reporting: (1) It is not clear how the study was designed (or did) achieve the aim of investigating the impact of PWS on health-related quality of life, although the focus on life and daily activities is evidence from Supplement 2. The design aspects of the study that targeted this construct should be made clearer. Defining this construct for the purpose of the study and mapping the study findings across dimensions of HRQoL may assist. The chosen theoretical framework did not appear to closely relate to health-related quality of life which made it difficult to see how the study had been designed with health-related quality of life in mind. It seems that reporting a focus on patient experiences more broadly (rather than a focus on HRQoL) may stay truer to the methodology that was followed. (2) The rigour of the qualitative methodology including narrative analysis was not clear. Examples of this that might apply to the work include member checking, detailing the experience, background and perspective of each of the investigators in qualitative methodologies, peer debriefing, reflection, and documenting the process of how data was collected and stored. The authors may find it valuable to refer to papers regarding these methodological details (e.g., Loh 2013 The Qualitative Report) https://www.researchgate.net/publication/260312062_Inquiry_into_Issues_of_Trustworthiness_and_Quality_in_Narrative_Studies_A_Perspective

I have also detailed some specific points for each section of the manuscript:

Introduction:
The introduction would benefit from stating explicity whether or not similar studies have been conducted with people with Prader Willi Syndrome based on any searches the authors may have conducted.

Could the authors consider re-phrasing the following sentence which I have found difficult to understand: “Moreover, efficacy becomes quality of care 109 for patients and their social and relational contexts.[27]”

The first aim of the study is clear however the second aim “to furnish insights to help professionals to use NM findings in daily practice 114 within a multidisciplinary and multi-professional approach” is not as clear. It is not clear how this aim could be measured. Is the focus of this aim on the translation of the work? If so this aim could be re-written with a focus on wording such as translation or implementation into routine clinical practice.

Methods:
Line 121: The authors refer to the method parallel chart representing a room. Further explanation would assist the understanding of this sentence as the meaning of this sentence is not intuitive.

Was it intended that each caregiver attend 3 webinars to inform them about NM or was it intended that each caregiver attend one of the three webinars that were provided?

For readers unfamiliar with Italy a few more details regarding the study setting would be helpful: were the recruitment medical centres specialist treatment centres for people with Prader Willis or were they generalist medical treatment centres; were they community-based or hospital based; metropolitan or regional centres; what size populations/ catchment areas did they care for?

Eligibility criteria line 130: Could the authors make it clear why participants were restricted to caregivers of children older than 5 years? How was the diagnosis of Prader Willis determined (e.g., from medical charts or patient or caregiver report)?

Data collection section beginning page 135:
Could the authors please explain what an illness plot is?

Ethical considerations section beginning page 149:
It is stated that the authors obtained the written consent of caregivers of children but was the verbal consent of children obtained and were children briefed on the purpose of the study?

Is there a reference that could be added for the Italian Law on Privacy and the Safeguarding of Sensitive Data? Could the ethics approval number be added?

Analysis page 158:
Could the authors please provide a description of narrative analysis for readers unfamiliar with this method of analysis?

	Non-responses should be included as a separate category so the extent of missing data is clear. Line 161: “Researchers from ISTUD Foundation collectively coded ten narratives to assess consistency across team members.” Was this done in NVivo or prior to entry of the data into NVivo? Line 165: Could further justification be added regarding the choice of Kleinman’s[28] theoretical framework and how it was intended to be used to analyse the data? For example, in this section could the authors explain whether the theoretical framework was applied to the data retrospectively after coding to further interpret the data or was it used prospectively to organise the data prior to coding? Line 168: Researchers shared the results in a validation meeting with the Steering Committee of the project. Could further details be added regarding this process and the outcome of it. Results: This section would be easier to follow if the authors could present a summary of the themes and subthemes early in the results section. Then examples in tables could follow. Table 1: Mean data would usually be accompanied by the standard deviation. The range could also be presented if the authors wished. Could the authors please indicate what // means at the bottom of the table? Where values for variables such as gender do not add to 100, then additional information should be added with the number of participants for whom there was missing data and the reasons for the missing data. Line 180: “The remaining 5% adopted a technical and clinical perspective for talking about the 181 condition.[28]” Can some examples of this be provided (e.g., quotes from participants)? Line 169: Could the authors please state what the full term is for the SRQR Reporting Guidelines? Discussion: In light of the comments provided for the other sections the discussion may need to be re-framed. Funding: the role of the funder should be clearly detailed to reduce the possibility of bias.

REVIEWER	Michael Lewis Swansea University, UK
REVIEW RETURNED	26-Jan-2020

GENERAL COMMENTS	The project aimed to investigate the PWS impact on HRQOL through Narrative Medicine (NM). It’s two main objectives were 1) to explore the “experiences, needs and resources of PWS patients and caregivers”, and 2) to obtain “insights for professionals' daily practice”. It was an interesting read. However, I would have liked the second of the stated objectives to have been more ambitious. Readers would likely place a higher value on the outcomes of the work if the authors had provided a pragmatic perspective on the lessons learned from the data they collected. They could perhaps have provided some specific

	examples of the 'next steps' that they recommend in order to improve upon current service provision. The authors have included a number of pertinent points in their discussion: they suggested a need for improved training, food management strategies, an integrated multi-professional approach to treatment, additional social services in deprived areas, and use of 'multiple intelligences' as an evaluative tool. Possibly what was missing here was an analysis of 'barriers and facilitators': this might have provided valuable insight into the reasons why the above are not currently available/recognised, and into ways in which such obstacles might be overcome. I recognise, however, that the authors might not wish to extend the paper in this way, but I hope it is of some use to them to consider. The paper was generally well constructed, but there were some problems with the writing. This is understandable but a proofread and copy-edit would be advisable to improve the readability of the text. The results were presented in a reasonably clear way (although it was difficult to follow some of the participants' comments). I would have liked to see a more explicit synthesis of individual participants' comments into themes – although a range or responses were shown I didn't get a sense of the relative weighting of different responses, so it was difficult to gauge the prevailing opinions of the group. The results, discussion and conclusion did relate appropriately to the research questions, but again these might have been more ambitious (see earlier comment). The stated limitations could have been discussed further: for example, how generalisable are the results to other populations? Would a 'barriers and facilitators' analysis have been helpful.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1

Comment 1 – These issues may be resolved by adding greater detail to the reporting: (1) It is not clear how the study was designed (or did) achieve the aim of investigating the impact of PWS on health-related quality of life, although the focus on life and daily activities is evidence from Supplement 2. The design aspects of the study that targeted this construct should be made clearer. Defining this construct for the purpose of the study and mapping the study findings across dimensions of HRQoL may assist. The chosen theoretical framework did not appear to closely relate to health-related quality of life which made it difficult to see how the study had been designed with health-related quality of life in mind. It seems that reporting a focus on patient experiences more broadly (rather than a focus on HRQoL) may stay truer to the methodology that was followed.

Response – We believe this comment is fundamental, and we thank the reviewer for allowing us to review the manuscript in depth. In particular, we decided to focus not on HRQoL, but broadly on the illness experiences of caregivers and people with PWS (which however share some dimen-sions with HRQoL).

Changes – We have updated the abstract and manuscript accordingly. For reasons of brevity, we are not able to report here every change made; however, we point out the most important ones within the

manuscript:
(a) Lines 90-94 – The social, relational, emotional, and existential aspects of PWS remain pro-foundly unknown, and the debate within Italian clinical and social communities has been poor: The World Health Organisation has stressed the importance of researching the measurable dimensions of HRQoL and—more broadly—illness experiences in leading clini-cal and social practice and recommends using narrative research.[26]
(b) Lines 110-114 – The NM project “PRAXIS: Prader–Willi Excellence in Care with Story Tak-ing” aimed to investigate the PWS, illness experience by employing the analysis of narra-tives (a) to understand daily life, real needs and personal resources of people with PWS and their caregivers from diagnosis to current management, and by doing so, (b) furnish insights to support a multidisciplinary and a mutiprofessional perspective in PWS clinical practice.[17]
(c) Lines 337-341 – In conclusion, this NM project provides new insights into the individual and social experiences related to PWS and provides elements for improving a multidisciplinary and multiprofessional perspectives on this condition: The social, relational, and emotional aspects of PWS crucially influence the illness experience and narratives that can foster the relationship between PWS professionals, patients, families and the community.

Comment 2 – (2) The rigour of the qualitative methodology including narrative analysis was not clear. Examples of this that might apply to the work include member checking, detailing the expe-rience, background and perspective of each of the investigators in qualitative methodologies, peer debriefing, reflection, and documenting the process of how data was collected and stored. The authors may find it valuable to refer to papers regarding these methodological details.

Response – We are aware of the importance of methodological clarity, and we thank the reviewer for allowing us to better think about how to expose the methods used in the project design and analysis. Our effort was to clarify those crucial points for the reporting of the qualitative method-ology, referring to the SRQR Reporting Guidelines (see also the response to comment 21).

Changes – We modified the Methods section substantially. However, for reasons of brevity, we are not able to report all the changes made. However, we indicate where to find these changes within the Methods section, following the SRQR Reporting Guidelines checklist (see the response to comment 21).
(a) Qualitative approach and research paradigm: pp. 4-5
(b) Researcher characteristic and reflexivity: p. 7
(c) Context: pp. 5-6
(d) Sampling strategy: p. 6
(e) Ethical issues: pp. 7-8
(f) Data collection method: p. 7
(g) Data collection instruments and technologies: p. 7
(h) Units of study: p. 9
(i) Data processing: p. 8
(j) Data analysis: p. 8
(k) Techniques to enhance trustworthiness: p. 8

Comment 3 – The introduction would benefit from stating explicitly whether or not similar studies have been conducted with people with Prader Willi Syndrome based on any searches the authors may have conducted.

Response – We agree this is a crucial information to state. We revised accordingly.

Changes – In the Introduction (lines 114-116), we explicitly stated that according to our knowledge, no similar projects had been conducted with people with PWS:

According to our review of the literature, no other project has addressed these issues sim-ultaneously by considering the perspectives of underaged and adult patients with PWS and their caregivers.

Comment 4 – Could the authors consider re-phrasing the following sentence which I have found difficult to understand: “Moreover, efficacy becomes quality of care 109 for patients and their so-cial and relational contexts.[27]”

Response – Thank you for inviting us to be clearer. We revised accordingly.

Changes – We re-phrased the sentence (lines 106-109):
Scientific societies, healthcare facilities, and patient associations have increasingly em-ployed NM research findings to improve the organisation and efficacy of healthcare ser-vices, generating sustainability[26] and fostering quality of care for patients and their so-cial and relational contexts.[27]

Comment 5 – The first aim of the study is clear however the second aim “to furnish insights to help professionals to use NM findings in daily practice 114 within a multidisciplinary and multi-professional approach” is not as clear. It is not clear how this aim could be measured. Is the focus of this aim on the translation of the work? If so this aim could be re-written with a focus on word-ing such as translation or implementation into routine clinical practice.

Response – The second aim of the project is to furnish insights for daily clinical practice starting from the project results. Although this purpose is not immediately measurable, several elements that emerged from the analysis can suggest to clinicians experts in PWS how to strengthen a multidisciplinary and multi-professional approach to the treatment of PWS (from line 294); moreover, these results may help to stimulate the Italian debate on PWS that is currently poor. As also re-ported by Reviewer 2, we are aware that this second purpose could have been more ambitious. However, the significant difference among the Italian regional healthcare systems prevented analysis such as the "barriers and facilitators" one; for this, further investigation is required. However, we tried to clarify the second purpose better and to enrich the discussion further, in-cluding project limitations.

Changes – We re-wrote the project aims as follows (lines 110-114):
The NM project “PRAXIS: Prader–Willi Excellence in Care with Story Taking” aimed to in-vestigate the PWS illness experience by employing the analysis of narratives (a) to under-stand daily life, real needs and personal resources of people with PWS and their caregivers from diagnosis to current management, and by doing so, (b) furnish insights to support a multidisciplinary and a multiprofessional perspective in PWS clinical practice.[17]

Comment 6 – Line 121: The authors refer to the method parallel chart representing a room. Fur-ther explanation would assist the understanding of this sentence as the meaning of this sentence is not intuitive.

Response – Thank you for inviting us to be more accurate. We revised accordingly.

Changes – We gave a few further explanations on parallel chart (lines 123-126):
moreover, a parallel chart[27, 33] was identified as the most suitable NM tool to collect their narratives because it constitutes a personal notebook, parallel to the clinical record, in which professionals can write their impressions and feelings in plain language as a sup-plement to technical and quantitative reports.[27, 30, 33]

Comment 7 – Was it intended that each caregiver attend 3 webinars to inform them about NM or was it intended that each caregiver attend one of the three webinars that were provided?

Response – Thank you for inviting us to be clearer. We revised accordingly.

Changes – We re-phrased the sentence (lines 135-139):
The Italian Prader–Willi Federation, and the Prader–Willi Association of the Lazio Region were also involved in disseminating the project; in particular, they organised three semi-nars—one each in the Lombardy, Lazio and Sicily regions—to provide the caregivers of those regions the opportunity to be further informed on NM and the project's aims and methods.

Comment 8 – For readers unfamiliar with Italy a few more details regarding the study setting would be helpful: were the recruitment medical centres specialist treatment centres for people with Prader Willis or were they generalist medical treatment centres; were they community-based or hospital based; metropolitan or regional centres; what size populations/ catchment are-as did they care for?

Response – We agree further information are necessary. We revised accordingly.

Changes – We gave a few more details regarding the project's setting (lines 130-135):
Participants were recruited from 10 medical centres for paediatric and adult patients in the Italian Network for Rare Diseases (Supplement 1), namely six general hospitals and four scientific institutes of research, hospitalisation and healthcare: All the medical centres were macroregional, hospital-based centres that specialised in PWS treatment, and they were distributed among geographical areas (North, Central and South Italy).

Comment 9 – Eligibility criteria line 130: Could the authors make it clear why participants were restricted to caregivers of children older than 5 years? How was the diagnosis of Prader Willis determined (e.g., from medical charts or patient or caregiver report)?

Response – Thank you for inviting us to be clearer. We revised accordingly overall in Methods section.

Changes – We re-wrote the first paragraph of the Methods section to better highlight that the present manuscript refers to a part of an overall research including also other participants, e.g. healthcare providers experts in PWS, children with PWS under the threshold of 5 years old (lines 119-129):
The project was conducted in Italy between October 2018 and July 2019, as a part of a broader research project, and targeted people with PWS and their caregivers, as well as professionals working with PWS. The professionals underwent a webinar conducted by re-searchers from the "Istituto Studi Direzionali" (Institute of Management Studies, ISTUD) Foundation to be trained in NM and on the project's aims and methods; moreover, a paral-lel chart[27, 33] was identified as the most suitable NM tool to collect their narratives be-cause it constitutes a personal notebook, parallel to the clinical record, in which profes-sionals can write their impressions and feelings in plain language as a supplement to technical and quantitative reports.[27, 30, 33] Participants with PWS were given the possi-bility to express by drawing if under 5 years old or if unable to write; however, some participants over the threshold of 5 years old decided to maintain both the opportunities of expression.

Then, we specified the target group of the project presented in the manuscript (line 130):
The target group was people with PWS aged older than 5 years and their caregivers.

Finally, we re-wrote the eligibility criteria (lines 140-143):
A PWS diagnosis, determined at the reference medical centre, or a caregiver for a person older than 5 years with PWS represented the eligibility criteria, as well as the willingness to share their illness experience by writing; thus, the ability to communicate in Italian was indispensable for the inclusion in the project.

Comment 10 – Could the authors please explain what an illness plot is?

Response – Thank you for inviting us to be clearer. We revised accordingly.

Changes – We gave a few further information to describe illness plot (lines 147-151):
A sociodemographic survey constituted the written narrative, together with an illness plot[34, 35], namely, a plot related to the illness experience: It serves to guide narratives in a chronological order to identify evolutions over time and is characterised by evocative and open words that facilitate individual expression.[36]

Comment 11 – It is stated that the authors obtained the written consent of caregivers of children but was the verbal consent of children obtained and were children briefed on the purpose of the study?

Response – We agree with this important remark. We revised accordingly.

Changes – We re-wrote the Ethical considerations section (lines 167-172):
Involved professionals obtained written informed consent to participate from parents and tutors for underaged participants during the first interview on the project's methods and purposes. Next, the professionals briefed the underage patients on the project and ob-tained their verbal consent to participate. Moreover, written informed consent to partici-pate was obtained from adult participants and/or their tutors when appropriate.

Comment 12 – Is there a reference that could be added for the Italian Law on Privacy and the Safeguarding of Sensitive Data? Could the ethics approval number be added?

Response – Thank you for inviting us to be more accurate. We revised accordingly.

Changes – We added a reference for the Italian Law on Privacy, as well as the ethics approval number (lines 166-167; lines 172-173):
(a) according to the Italian Law 196/2003 on Privacy and the Safeguarding of Sensitive Da-ta.[37]
(b) The Ethical Committee of the Oasi Maria SS. Research Institute (Troina, Italy) approved the project in January 2019 with the ethics approval number 2019/01/09/CE-IRCCS-OASI/19.

Comment 13 – Could the authors please provide a description of narrative analysis for readers unfamiliar with this method of analysis?

Response – We believe this is a crucial comment: it allowed us to note that our reporting was not precise. We decided to substitute "narrative analysis" with "analysis of narratives": our analysis process is closer to content analysis (as much as it is possible to mix narrative and content analy-sis). We, therefore, believe that using the expression "analysis of narratives" is less equivocal.

Changes – Throughout the manuscript, we have "narrative analysis" with "analysis of narratives".

Comment 14 – Non-responses should be included as a separate category, so the extent of missing data is clear.

Response – This remark invited us to be more specific in data presentation. We revised according-ly.

Changes – We included nonresponses as a separate category in Table 1.

Comment 15 – Line 161: "Researchers from ISTUD Foundation collectively coded ten narratives to assess consistency across team members." Was this done in NVivo or prior to entry of the data into

NVivo?

Response – Thank you for inviting us to be more accurate. We revised accordingly.

Changes – We pointed out that we coded ten narratives to assess consistency across team members in NVivo (lines 177-178):
ISTUD researchers collectively coded 10 narratives in NVivo to assess consistency across team members.

Comment 16 – Line 165: Could further justification be added regarding the choice of Klein-man's[28] theoretical framework and how it was intended to be used to analyse the data? For example, in this section could the authors explain whether the theoretical framework was applied to the data retrospectively after coding to further interpret the data or was it used prospectively to organise the data prior to coding?

Response – We found this comment very helpful since it made us realise that this passage could have been confusing about the process of analysis we employed. We revised accordingly.

Changes – We retrospectively applied Kleinman's classification of narratives because we consid-ered it the most suitable to further reveal illness-related and sickness-related aspects emerging from narratives (lines 180-185):
Open interpretive coding was employed to identify and analyse emerging topics; Klein-man's[28] classification was retrospectively applied to the analysis of narratives because the researchers considered it the most suitable to further reveal illness-related and sick-ness-related aspects in narratives, respectively concerning the personal and emotional ex-perience of a condition and how is it perceived within society.

Comment 17 – Line 168: Researchers shared the results in a validation meeting with the Steering Committee of the project. Could further details be added regarding this process and the outcome of it.

Response – Thank you for inviting us to be more accurate. We clarified that ISTUD researchers shared the overall analysis process and results to discuss emerged topics and data interpretation. We revised accordingly.

Changes – We provided a few more elements to clarify the role of the steering committee (lines 186-187):
The analysis process and results were shared within the project's steering committee to collectively address emerged topics and interpretation of data.

Comment 18 – Results: This section would be easier to follow if the authors could present a summary of the themes and subthemes early in the results section. Then examples in tables could follow.

Response – Thank you for this suggestion on how to more clearly present data. We revised accordingly.

Changes – We provided a summary of themes and subthemes in the Results section, after Table 1 (lines 195-201):
Results from the analysis are presented by following the dedicated illness plots' structure: (a) the first section concerns PWS diagnosis and current management, in which narratives' illness-related and sickness-related aspects, caregivers' perspectives on therapeutic path, and strategies to manage food-seeking behaviours are addressed; (b) the second section focuses on living with PWS in relational and social contexts and addresses participants' in-door and outdoor daily activities; (c) the

third section concerns caregivers’ and PWS adult patients’ narratives on the working sphere and participants’ future perspectives and de-sires.

Comment 19 – Table 1: Mean data would usually be accompanied by the standard deviation. The range could also be presented if the authors wished. Could the authors please indicate what // means at the bottom of the table? Where values for variables such as gender do not add to 100, then additional information should be added with the number of participants for whom there was missing data and the reasons for the missing data.

Response – Thank you for inviting us to be more specific in data presentation. We revised accordingly.

Changes – We added standard deviation for mean data. We eliminated the symbol //, instead we used “0” (see Table 1). We added nonresponses; furthermore, we specified in the Methods sec-tion (lines 175-176) that in the sociodemographic survey no question was mandatory:
We analysed the sociodemographic survey through descriptive statistics; no question was mandatory.

Comment 20 – Line 180: “The remaining 5% adopted a technical and clinical perspective for talk-ing about the 181 condition.[28]” Can some examples of this be provided (e.g., quotes from participants)?

Response – We found this comment very helpful, since providing examples may give the oppor-tunity for a comparison between different kinds of languages employed in narratives. We revised accordingly.

Changes – We provided two examples (lines 206-212):
In narratives, 95% of caregivers focused on PWS illness- and sickness-related aspects (Ta-ble 2); the remaining 5% adopted technical and clinical language[28] to discuss the condi-tion, as exemplified in the following two quotes from narratives: (a) She was hospitalised at the Neurology department for a muscle biopsy, she was diagnosed with congenital myopathy, and two years later, she underwent the DNA test; she was sent to the hospital in Northern Italy, and from there, we got the Prader–Willi diagnosis; (b) Adenoids, laryngotomy, broken arm fracture, desmoid, flat foot, strabismus, he has been taking GH since he was a child.

Comment 21 – Line 169: Could the authors please state what the full term is for the SRQR Report-ing Guidelines?

Response – Thank you for inviting us to be clearer. We revised accordingly.

Changes – We stated the full term for SRQR Reporting Guidelines (lines 187-188):
Researchers followed the Standards for Reporting Qualitative Research (SRQR) Reporting Guidelines.[39]

Comment 22 – Discussion: In light of the comments provided for the other sections the discussion may need to be re-framed.

Response – We agreed on re-framing the Discussion, in particular in its last part (from line 307).

Changes – We are not able to report here all the changes made to the Discussion section for a matter of brevity; thus, we invite reviewers to directly refer to the manuscript.

Comment 23 – Funding: the role of the funder should be clearly detailed to reduce the possibility of bias.

Response – Thank you for inviting us to be clearer. We revised accordingly. ISTUD Foundation received unconditional support by Sandoz S.p.A. Authors did not receive any fee.

Changes – We re-wrote the Funding section (lines 350-351):
Sandoz S.p.A. unconditionally supported ISTUD Foundation for the realisation of the project. Authors did not receive any fee.

Reviewer 2

Comment 1 – Readers would likely place a higher value on the outcomes of the work if the au-thors had provided a pragmatic perspective on the lessons learned from the data they collected. They could perhaps have provided some specific examples of the 'next steps' that they recom-mend in order to improve upon current service provision. The authors have included a number of pertinent points in their discussion: they suggested a need for improved training, food manage-ment strategies, an integrated multi-professional approach to treatment, additional social ser-vices in deprived areas, and use of 'multiple intelligences' as an evaluative tool. Possibly what was missing here was an analysis of 'barriers and facilitators': this might have provided valuable insight into the reasons why the above are not currently available/recognised, and into ways in which such obstacles might be overcome. I recognise, however, that the authors might not wish to extend the paper in this way, but I hope it is of some use to them to consider.

Response – We found this remark insightful. A "barriers and facilitators" analysis would be a cru-cial improvement for our research. However, we were not able to provide this kind of analysis be-cause of the voluntary nature of the project (and the consequent specificity of the results), on the one hand, and the specificity of Italian regional healthcare systems, which makes comparison dif-ficult, on the other hand.

Changes – We enriched the Discussion with other considerations (lines 320-324):
Furthermore, although a National Plan for rare diseases[49] has been developed in Italy since 2013, its application in daily practice remains demanding. One possible intervention strategy to reduce the medical barriers requires universities and scientific societies to de-velop specific educational programs; in particular, creating a PWS national register may help to interface with similar international tools.[50]

We also expanded the project limitations (lines 331-336, see also the response to comment 5).

Comment 2 – The paper was generally well constructed, but there were some problems with the writing. This is understandable but a proofread and copy-edit would be advisable to improve the readability of the text.

Response – We agreed with this remark. We revised accordingly.

Changes – We used Enago (www.enago.com) service for the English language review (see also Acknowledgements section, lines 342-346).

Comment 3 – The results were presented in a reasonably clear way (although it was difficult to follow some of the participants' comments). I would have liked to see a more explicit synthesis of individual participants' comments into themes – although a range or responses were shown I didn't get a sense of the relative weighting of different responses, so it was difficult to gauge the prevailing opinions of the group.

Response – As also suggested by Reviewer 1, we decided to insert a summary after Table 1 be-fore presenting the other results; besides, we improved the Results section and the narratives contained in tables. However, we have not changed the structure of the tables.

Changes – We provided a summary of themes and subthemes in the Results section, after Table 1 (lines 195-201):
Results from the analysis are presented by following the dedicated illness plots' structure: (a) the first section concerns PWS diagnosis and current management, in which narratives' illness-related and sickness-related aspects, caregivers' perspectives on therapeutic path, and strategies to manage food-seeking behaviours are addressed; (b) the second section focuses on living with PWS in relational and social contexts and addresses participants' in-door and outdoor daily activities; (c) the third section concerns caregivers' and PWS adult patients' narratives on the working sphere and participants' future perspectives and de-sires.

Further changes can be found throughout the Results section.

Comment 4 – The results, discussion and conclusion did relate appropriately to the research questions, but again these might have been more ambitious (see earlier comment).

Response – We agreed with this remark. We revised accordingly, with the limitations we already stated in previous comments (see responses to comments 1 and 3).

Changes – Changes provided can be found throughout all these sections.

Comment 5 – The stated limitations could have been discussed further: for example, how generalisable are the results to other populations? Would a 'barriers and facilitators' analysis have been helpful.

Response – Thank you for inviting us to be more accurate. We revised accordingly. Nevertheless, as previously explained, we were not able to do a "barrier and facilitator analysis" because of the voluntary nature of the project and the specificity of Italian regional healthcare systems, which makes comparison difficult.

Changes – Although we did not address a "barriers and facilitators analysis" (see previous responses), we further discussed the project's limitations (lines 331-336):
The participants in the project did not equally represent the different geographical areas in Italy because of the local distribution of expert centres in the management of care for PWS, and this could be a selection bias. Furthermore, the results are specific because of (a) the voluntary nature of the project and (b) the critical difference among Italian regional healthcare systems; therefore, further analysis is required. For people with PWS, the inclu-sion criterion of being able to write represented another bias.

VERSION 2 – REVIEW

REVIEWER	Dr Zephanie Tyack The University of Queensland
REVIEW RETURNED	04-Apr-2020

GENERAL COMMENTS	Thankyou to the authors who have been very responsive to the reviewer comments. Almost all of the comments have been addressed. I am pleased to be able to recommend the paper for

	publication and look forward to seeing this important work in print. I have a few minor comments for consideration. Title: I suggest removing two words in the title to read: Caring and living with Prader–Willi syndrome in Italy: integrating children's, adults' and parents' experiences through Narrative Medicine. Table 1: Could the authors replace the term average with mean (SD) and remove the "±" sign as this can be confused with the standard error? For clarity in the tables detailing the narratives, could the authors add coded details in brackets after each quote, so that it is clear whether quotes are from the same participant or different participants, for example, (caregiver 001). The coding can differ to the codes that the authors used to identify participants to reduce the risk of re-identification (e.g., if you used 001 in your own research coding you could use re-code all participant numbers reported in the manuscript to be 2 numbers higher, e.g., 003). Table 3: It is not clear what the heading "PWS caregivers' perspective on therapeutic path" means. It appears that triangulation of perspectives was largely not used in the work. Could the authors make it clear in the methods section whether perspectives were compared or examined separately? Funding body: Could the authors please add whether the funding body had any role in the design or conduct of the research?

REVIEWER	Michael Lewis Swansea University, UK
REVIEW RETURNED	18-Mar-2020

GENERAL COMMENTS	Thank you for considering the comments from the original review. The language and writing style is much improved but a further proofread and copy-edit would still be useful. I have no further comments.

VERSION 2 – AUTHOR RESPONSE

Reviewer 1

Comment 1 – Title: I suggest removing two words in the title to read: Caring and living with Prader–Willi syndrome in Italy: integrating children's, adults' and parents' experiences through Narrative Medicine.

Response – Thank you for the important suggestion. However, we decided to change again the title, in the effort to address the editorial requests.

Changes – As reported to the editors, we have changed the title as follows:
Caring and living with Prader-Willi syndrome in Italy: integrating children's, adults' and parents' experiences through a multicentre Narrative Medicine research.

Comment 2 – Table 1: Could the authors replace the term average with mean (SD) and remove the

“±” sign as this can be confused with the standard error?

Response – Thank you to inviting us to be clearer. We revised accordingly.

Changes – In Table 1, we replaced the term average with mean (SD) and removed the ± sign.

Comment 3 – For clarity in the tables detailing the narratives, could the authors add coded details in brackets after each quote, so that it is clear whether quotes are from the same participant or different participants, for example, (caregiver 001). The coding can differ to the codes that the authors used to identify participants to reduce the risk of re-identification (e.g., if you used 001 in your own research coding you could use re-code all participant numbers reported in the manu-script to be 2 numbers higher, e.g., 003).

Response – Thank you for inviting us to be clearer. We revised accordingly.

Changes – We added coded details in brackets after each quote from Table 2 to Table 7. The coding differs from the codes we used to identify participants during the research to reduce the risk of re-identification.

Comment 4 – Table 3: It is not clear what the heading “PWS caregivers’ perspective on therapeu-tic path” means.

Response – Thank you for inviting us to be clearer. We revised accordingly.

Changes – We changed the heading as follows:
Perspectives from PWS caregivers on the therapeutic path: quotes from narratives.

Comment 5 – It appears that triangulation of perspectives was largely not used in the work. Could the authors make it clear in the methods section whether perspectives were compared or examined separately?

Response – Thank you for inviting us to specify. It was not possible to use the triangulation of perspectives because of the data collection method and the General Data Protection Regulation (GDPR) in force. Therefore, we examined the perspectives separately.

Changes – We explicitly stated that we examined the perspectives separately (line 181):
We separately examined caregivers’ and patients’ perspectives.

Comment 6 – Funding body: Could the authors please add whether the funding body had any role in the design or conduct of the research?

Response – Thank you for inviting us to be clearer. Sandoz S.p.A. unconditionally supported ISTUD Foundation for the realisation of the project, without holding any role in the design or conduct of the research and without influencing the decision to publish the results.

Changes – We enriched the funding statement (lines 354-357) as follows:
Sandoz S.p.A. unconditionally supported ISTUD Foundation for the realisation of the project. Authors did not receive any fee and were not influenced in the research design or conduct or in the decision to publish the results.
Reviewer 2

Comment 1 – Thank you for considering the comments from the original review. The language and writing style is much improved but a further proofread and copy-edit would still be useful. I have no further comments.

Response – Thank you for inviting us to further improve writing. We revised accordingly.

Changes – We newly used Enago (www.enago.com) service for the English language review (see also Acknowledgements section, lines 347-351).