Supplementary file:

Supplementary Table 1:

S.No	Author	Year of Publication	Country	Study design	Type of QOL questionnaire	Study sample size	Age	sex	Type of cancer	Home-based and other settings
	Quasi-Experimental studies									
1	Dhiliwal et al [23]	2022	India	Prospective interventionalstudy	EORTC QLQ-C15- PAL and CANHELP-Patient Questionnaire	250	61-80: 36.8%	female: 67.2%	cancers- nonspecific	HBPC
2	Duggleby et al [24]	2007	Canada	Prospective interventional study	McGill Quality of Life Questionnaire (MQOL)	60	mean:74.98	F:53.3%	Cancer- not specified	Home-based
3	Brumley et al [26]	2003	USA	Prospective interventional study	Palliative Performance Scale (PPS)	300 (161 Intervention & 139 control group)	PC-70, Control-74	Female- PC-50.9% Control-55.4%	Cancer 60.9%	161-Homecare, 139-control

	Cohort studies									
4	Blancard et al [19]	2019	South Africa	Prospective cohort study	African Palliative Care Association (APCA) Palliative Outcome Scale	324	mean age:57.6 to 57.7(preferred to die at home)	females-74%; preferred to die at home:54.5%; 27.5%: at hospital, rest: no preference.	MC cancers: Lung: 31.4%;breast:28.3%, GI/hepatobiliary:38.7 %	PCUs; Home based care
5	Higginson et al [18]	2017	London, Dublin, New york	Prospective cohort study	POS	138	65-69:33%, 70-74: 27%; 75-79:20%; 80-89: 21%; 90-96: 5%	females: 49%	Miscellaneous, cancers-88%, Max: GU & GI cancers	PCU; Home
6	Krug et al [27]	2016	Germany	Prospective cohort study	QLQ-C15-PAL	100	68	F:37, M:63	miscellaneous cancers, colon cancer- max- 13.8%	HBPC
7	Dhiliwal et al [16]	2015	India	Prospective	ESAS	690	NA	NA	Non-specific	50.98% patients were caredfor at home, 28.85% patients needed hospice referral and20.15% patients needed brief periodsof hospitalization ion.
8	Singh DP [5]	2010	India	Prospective study	FACT-G	100	40-59 yrs-45%	63%: female; 37%: male.	miscellaneous cancers	Home based

9	Peters L et al [25]	2005	Australia	Prospective study	EORTC QLQ C30, Memorial Symptom Assessment Scale (MSAS), PPS, HADS(Hospital Anxiety and Depression Scale)	58	mean:67.8	F: 36M:22	Miscellaneous cancers	52- homecare; 90-No home care
10	Julia et al [28]	2022	Malaysia	Retrospective study	IPOS	287	Mean: 61.2yrs	F: 47%;M:53%	Miscellaneous cancers, Lung: 18.8% max	Home-based
11	Tay RY et al [29]	2021	Singapore	Retrospective cohort study	Palliative Performance Scale (PPSv2)	359	Age Mean (SD) Home 77.7 (11.6), Inpatient Hospice 71.6 (12.0), Hospital 72.3 (9.9)	Female - Home 113 (54.1%), Inpatient hospice 39 (45.9%), Hospital 21 (35.0%)	Miscellaneous; GI maximum	Home (N =209), Inpatient hospice (N = 85), Hospital (N = 60)
12	Nagaviroj et al [30]	2016	Thailand	Retrospective cohort study	Palliative Performance Scale (PPSv2), ESAS_Thai	142	Home care: 68.2 No homecare: 64	Home care: F:55.8% No home care:F: 53.3%	Cancer: Home Vs no home care: 92.3% Vs 94.4%	PCU: 276 Dischargeto home: 167
	Cross-sectional studies									
13	Valero cantero etal [31]	2023	switzerland	Cross-sectional	1.EORTC QLQ-C30 v3	72	74.61- mean	F: 33, M: 39	miscellaneous cancers,	HBPC

					2. ESAS 3.CSQ -8				colon cancer- max-18.1%	
14	Biswas et al [15]	2022	Bangladesh	Cross-sectional	FACIT-PAL	51	Mean age 56.2±4.8 years	76.5% were women	Breast (39.2%), gastrointestinal (17.6%), and genitourinary system (23.5%)	Homebased
15	Martoni et al [20]	2017	Italy	Cross-sectional	Functional Assessment of Cancer Therapy- General (FACT-G)and Functional Assessment of Chronic Illness Therapy–Spiritual Well-Being Scale (FACIT-Sp12)	683	>75 yrs: 42.5%	F: 54.2%; M: 45.8%	miscellaneous cancers	Home-based
16	Sandsdalen et al [21]	2016	Norway	cross-sectional	EQ VAS (EQ-5D-3 L questionnaire from the EuroQol group)	191	mean:67	female-57%	Non-specific, malignant: 124; Nonmalignant:16,	IP:daycare: PCU:Home care=72:51: 30:38-(all);=72:42 : 22:23(malignant)
17	Shahmoradi et al [32]	2012	Malaysia	Cross-sectional	Hospice Quality ofLife Index (HQLI)	61	Mean (SD) 59.2 (12.5) min–max18–74	F: 33 (54%); M: 28 (46%	Breast 11 (18%); colon 8 (13.1%); rectum 8 (13.1%)	Home-based
18	Gotze et al [34]	2013	Germany	Cross-sectional	EORTC QLQ-C15-PAL- patients; SF-8 - Caregivers; HADS	106	68.9- patient; 64.1- caregiver	patient: M: F=64:42 caregiver: M: F= 34:72	miscellaneous cancers	HBPC
19	Selman et al [33]	2011	South Africa andUganda	Cross-sectional	Missoula Vitas Quality of Life Index (MVQOLI)	285	mean: 40.1	Females: 69.1%	nonspecific; out of whichcancer only: 17.9%; DualHIV &	Home 180 (63.2%) Inpatient74 (26%)

									Cancer: 15.2%	Outpatient 13 (4.6%)
20	Fan et al [17]	2011	China	Cross-sectional	EORTC QLQC30	173	Mean (SD) 61.13 (12); min–max19–86	F: 79(45.7%); M: 94 (54.3%)	Lung 71 (41.0%); gastrointestinal 24 (13.9%); liver pancreas 24 (13.9%)	Home-based
21	Wang et al [35]	2009	China	Cross-sectional	Functional Assessment of Cancer Therapy- General Scale (FACT-G)	201	<65 yrs: 90%	F: 84; M: 117	miscellaneous cancers	HBPC
22	Yan et al [22]	2006	China	Cross-sectional	MQOL-HK McGill QOL questionnaire-Hong kong version	85	Mean (SD) 63.39 (13.2); min–max39–93	F: 48 (56.5%); M: 37 (43.5%)	Lung 28 (32.9%); cervix/uterine/ovary 10 (11.7%)	Home-based

Supplementary Table 2:

S.No	Author	Year of Publication	Country	Study design	Type of QOL questionnaire	Study sample size	Age	sex	Type of cancer	Home based and other settings
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Search strategy:

The detailed search strategy for the included studies, formatted according to the Peer Review of Electronic Search Strategies (PRESS) guidelines as follows-

PubMed Search Strategy

("**quality of life**"[MeSH Terms] OR ("quality"[All Fields] AND "life"[All Fields]) OR "quality of life"[All Fields]) AND (("advance"[All Fields] OR "advanced"[All Fields] OR "advancement"[All Fields] OR "advancements"[All Fields] OR "advances"[All Fields] OR "advancing"[All Fields]) AND ("cancer s"[All Fields] OR "cancerated"[All Fields] OR "canceration"[All Fields] OR "cancerization"[All Fields] OR "cancerized"[All Fields] OR "cancerous"[All Fields] OR "neoplasms"[MeSH Terms] OR "neoplasms"[All Fields] OR "cancer"[All Fields] OR "cancers"[All Fields]) AND ("patient s"[All Fields] OR "patients"[MeSH Terms] OR "patients"[All Fields] OR "patient"[All Fields] OR "patients s"[All Fields])) AND (("home environment"[MeSH Terms] OR ("home"[All Fields] AND "environment"[All Fields]) OR "home environment"[All Fields] OR "home"[All Fields]) AND ("based"[All Fields] OR "basing"[All Fields]) AND ("palliative care"[MeSH Terms] OR ("palliative"[All Fields] AND "care"[All Fields]) OR "palliative care"[All Fields]))

Translations

quality of life: "quality of life"[MeSH Terms] OR ("quality"[All Fields] AND "life"[All Fields]) OR "quality of life"[All Fields]

advanced: "advance"[All Fields] OR "advanced"[All Fields] OR "advancement"[All Fields] OR "advancements"[All Fields] OR "advances"[All Fields] OR "advancing"[All Fields]

cancer: "cancer's"[All Fields] OR "cancerated"[All Fields] OR "canceration"[All Fields] OR "cancerization"[All Fields] OR "cancerized"[All Fields] OR "cancerous"[All Fields] OR "neoplasms"[MeSH Terms] OR "neoplasms"[All Fields] OR "cancer"[All Fields] OR "cancers"[All Fields]

patients: "patient's"[All Fields] OR "patients"[MeSH Terms] OR "patients"[All Fields] OR "patient"[All Fields] OR "patients's"[All Fields]

home: "home environment"[MeSH Terms] OR ("home"[All Fields] AND "environment"[All Fields]) OR "home environment"[All Fields] OR "home"[All Fields]

based: "based"[All Fields] OR "basing"[All Fields]

palliative care: "palliative care"[MeSH Terms] OR ("palliative"[All Fields] AND "care"[All Fields]) OR "palliative care"[All Fields]

Quality assessment in the methods:

Methods:

We performed the critical appraisal using the Newcastle-Ottawa Quality Assessment Scale (adapted for cross-sectional studies), the Newcastle-Ottawa Quality Assessment Scale for cohort studies [13], and the JBI Critical Appraisal Checklist for quasi-experimental studies [14].

Quality assessment for Cross-sectional studies:

Each study was analyzed by two researchers, independently and blindly, establishing for each item the value "0" (in the case the item was not contemplated) or "1" (if the item was contemplated); a maximum score of 2 could be given for the item "comparability." Then, the scores for each study were compared, and in the case of divergences, a third researcher was consulted for final consensus.

The maximum score was 9 for each cross-sectional study. Those studies rated 0–2 (poor quality), 3–5 (fair quality), and 6–9 (good/high quality).

Supplementary table 3:

Quality assessment for Cross-sectional studies- Using "Newcastle-Ottawa Quality Assessment Scale (adapted for cross-sectional studies)"

S. No	Study ID	Year of Publication	Representativeness of the cases	Sample size	Non-Response rate	Ascertainment of the screening/surveillance tool	Comparability	Assessment of the outcome	Statistical test	Total
1	Valero cantero et al [31]	2023	0	0	1	2	1	1	1	6
2	Biswas J et al [15]	2022	0	0	0	2	1	1	1	5
3	Martoni et al [20]	2017	0	1	0	2	1	2	1	7

4	sandsdalen et al [21]	2016	0	0	0	2	0	1	1	4
5	Shahmoradi et al [32]	2012	0	0	1	2	0	1	1	5
6	Gotze et al [34]	2013	0	0	0	2	1	1	1	5
7	Selman et al [33]	2011	0	0	1	2	1	2	1	7
8	Fan et al [17]	2011	0	0	1	2	1	1	1	6
9	Wang et al [35]	2009	0	0	0	2	1	1	1	5
10	Yan et al [22]	2006	0	0	1	2	0	1	1	5

In our review, most studies (n=6) had a fair quality, and the rest (n=4) had good/high-quality scores. Two studies [20,33] had a high quality score of 7. One study [21] had a low score of 4.

Quality assessment for Cohort studies:

Quality assessment was done using the "Newcastle-Ottawa Quality Assessment Scale for cohort studies"

Supplementary table 4:

S.No	Study ID	Year of Publication	Representative of the exposed cohort	Selection of the non-exposed or less-exposed cohort	Ascertainment of exposure	Demonstration that the outcome of interest was not present at the start of study	Comparability	Assessment of outcome	Time of follow-up	Adequacy of follow up	Total score (stars)
1	Blancard et al [19]	2019	0	0	1	0	1	0	1	1	4
2	Higginson et al [18]	2017	0	0	1	0	1	0	1	0	3
3	Krug et al [27]	2016	0	0	1	0	1	0	1	1	4
4	Dhiliwal et al [16]	2015	0	0	1	0	1	0	1	0	3
5	Singh DP [5]	2010	0	0	1	0	0	0	0	0	1
6	Peters L et al [25]	2005	1	1	1	0	1	0	1	0	5
7	Julia et al [28]	2022	0	0	1	0	0	0	0	0	1
8	Tay RY et al [29]	2021	0	0	1	0	1	0	0	0	2

9	Nagaviroj K et al [30]	2016	0	0	1	0	1	1	1	0	4

0-No star, 1-Star

For the cohort study, each was determined as low, moderate, and high quality when scoring 0-2, 3-4, and 5-6, respectively. The majority (five) of studies [16,18-19,27,30] had moderate quality, with three studies [5,28-29] having low quality, whereas one study [25] had high-quality critical appraisal scores.

Quality assessment for Quasi-experimental studies:

The quality assessment was done using the JBI checklist for quasi-experimental studies

Supplementary table 5:

Questions	Dhiliwal et al [23]	Duggleby et al [24]	Brumley et al [26]
Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	Yes	Yes	Yes
Were the participants included in any comparisons similar?	NA	NA	NA
Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	NA	Yes	Yes

4. Was there a control group?	No	Yes	Yes
5. Were there multiple measurements of the outcome both pre and post intervention/exposure?	Yes	Yes	Yes
□ 6. Was follow-up complete and if not, were differences between groups in terms of their follow-up adequately described and analyzed?	Unclear	No	Yes
7. Were the outcomes of participants included in any comparisons measured in the same way?	NA	NA	NA
8. Were outcomes measured reliably?	Yes	Yes	Yes
9. Was appropriate statistical analysis used?	Yes	Yes	Yes

Responses: Yes, No, Unclear, N/A-not applicable