Reviewer's report

Title: Inequity in the provision of and access to palliative care for cancer patients. Results from the Italian survey of the dying of cancer (ISDOC).

Version: 1 Date: 12 December 2006

Reviewer: Gunn Grande

Reviewer's report:

General

In general the authors need to make the paper more interesting beyond the Italian context by better highlighting the patterns that cross national boundaries.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Methods:
Please provide more detail on how participants were approached. It is important to emphasise more strongly here that the interview sample is used to estimate something else, i.e. the numbers in the overall population. Otherwise it is easy to lose sight of this among the detail, and the reading of the results section then becomes confusing.

Why do we get estimates of 1998 Italian cancer deaths (Table 2&3) from a sample of 2002-2003 death certificates?

The interview must have asked about a lot more information than is mentioned under data collection, given the results. Please provide more detail and also mention any additional clinical or demographic variables collected from PCTs.

More detail on how the population estimates were made would help. Please clarify whether the chi square tests and logistic regression analyses were performed on the estimates or the original results from the interview sample. This may be clear to a statistician but not the lay reader. Were there any entry criteria for entering variables into the regression analysis?

It should perhaps be stated why the PCT data on referral was the gold standard, given the potential for missing values within routinely collected data.

Results

I believe that development trends in domiciliary PCTs and hospices in Italy since the study are of less interest to the international audience and should be cut. The same goes for the second part of Table 6 and the section in the Discussion referring to recent trends.

Discussion

The Discussion should link findings within the current study to findings from previous literature and spell out what the current study adds.

In the first paragraph of the Discussion it sounds like the authors used the carer reports of PCT use for their analysis (why otherwise stress the high validity of these reports) whereas in the Methods it sounds like they used the reports from the PCT case sheets. Please clarify.

The literature on the validity of using carer reports of the patient experience is vast and the validity of such reports depends on what is being measured. This should be recognised.

The authors seem to jump rather quickly to conclusions within the Discussion that should be more critically considered. For instance, the difference in referral patterns between regions seems to be uncritically explained in terms of differences in PCT provision. However, while the South has the lowest number of PCTs of all areas and the lowest percentage of referrals, the North East and the Centre have dramatically lower PCT provision than the North West, and yet their referral percentages are very similar to the North West.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Introduction
There have been more recent reviews of factors associated with differences in access to palliative care that would be worth incorporating.

Results

Third paragraph page 10: “2.9% were admitted to hospital -” should presumably read “2.9% in hospital -”.

Please spell out the direction of the “linear trend” for patient’s education level, months since diagnosis and caregiver’s educational level.

P<0.08 is not usually considered significant. This should be noted.

I would have found the results considerably easier grasp if the findings from the original interview sample were presented alongside the population estimates based on that interview sample. This should be relatively easy to do for Tables 2 and 3 at least.

It seems to me more logical that assessments of the validity of the data should be presented before the analysis that makes use of those data.

What source of information was used for the “months from diagnosis” variable?

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes

Declaration of competing interests:

I declare that I have no competing interests