Reviewer's report

Title: A proposed prognostic 7-day survival formula for patients with terminal cancer

Version: 1 Date: 15 June 2009

Reviewer: Luc Deliens

Reviewer's report:

Major Compulsory Revisions

1. The rational for survival prediction in general is well known. Initiating palliative care "in time" is very important. It is for me not clear why palliative care should be starting up in the "last 7 days" of life. For most patients this is too late in the disease process. Probably the researchers mean "end-of-life" care, as is is targeted by e.g. initiating the Liverpool Care Pathway for the dying in the last 48h of life. The rational why short-term/ 7 days survival prediction is important should be made more clearly.

2. The main literature review is being presented (and discussed) in the Discussion section, this should move to the Introduction; and only discussed in relation to findings in the Discussion section.

3. Abstract should be restructured: parts of methods are now presented in background, and part of results are presented in Methods section. Real background, why the authors want to develop a 7day prognostic scale is missing.

4. In the discussion, the authors have to evaluate more clearly what the study results add to the existing knowledge of prediction models.

Minor Essential Revisions

1. Introduction. Reference is missing for the statement on "when patients' laboratory data and clinical symptoms and signs are added, an accurate prediction of survival in terminal cancer patients can be enhanced"

2. Introduction. What does an hospice in Taiwan means? is it an inpatient unit in a hospital or outside the hospital?

3. Introduction. Aim of study: what do you mean by "timely" referrals to palliative care?

4. Methods. Ethical review of the study should be stated more clearly.

5. Results: please explain the elements that have been used in the formula on page 9

6. Discussion: too much of a literature review and lack of reflection on the results.

7. Conclusion: there is too much of speculations and discussion in the conclusions. Please stay closer to the data/results found.
Discretionary Revisions

1. Methods. 1st sentence of data collection: "hospitale" admission: do the author mean "hospice" admission?

2. Discussion: it is not clear to me how the prediction model "should improve both quality of life and medical care of terminal patients?

3. Discussion: next to limitations, the authors could/should also mention the strenghts of their study

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

'I declare that I have no competing interests'