Author's response to reviews

Title: Predictors of early transition to palliative level of care among middle cerebral artery ischemic stroke patients and the influence of swallowing dysfunction: a retrospective cohort study

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Dear Dr. Seymour,

We would like to thank the reviewers for taking time to evaluate the revision of our manuscript titled “Predictors of early transition to palliative level of care among middle cerebral artery ischemic stroke patients and the influence of swallowing dysfunction: a retrospective cohort study”. The first reviewer noted that the revision was improved, but suggested some minor revisions as outlined below (highlighted in red in the revision). These were very important points and the revisions have further enhanced the manuscript. Reviewer 2 had no additional comments. Again, to ensure that we followed the journal’s format properly, we utilized the template directly from your website.

Thank you for your time,

Dr. San Luis and McCullough

Reviewer 1:

1. Abstract line 4 I suggest replace the word 'the' with 'some'.
   Thank you, we have revised this as suggested.
2. Background 2nd paragraph, 'In one study 10% of palliative .......... delete the word 'on'
   Thank you, this was deleted as recommended.
3. Methods Page 6 3rd line of inserted corrections, delete the extra word 'were'.
   This typographical error was corrected, thank you.
4. Methods Pages 6 and 7- It is a little unclear whether palliative care physicians are always
   involved in family meetings, initially the manuscript states this is the case but
   subsequently suggests staffing at weekends results in patients transitioning to palliative
   care without a discussion with a palliative care physician. Minor rewording would make
   this clearer.
   Thank you for this suggestion. Although we did mention that there was a palliative care
   representative who is available during the weekdays to attend family meetings, we were
   did not explicitly mention that during weekends, the palliative care representative is not
   available to attend family meetings. We have stated this in the revision and have noted
   that the palliative care representative may not necessarily be a palliative care physician
   (often this is a specifically trained/certified nurse).
5. It would be useful clarification to state that all patients are offered artificial feeding if
   unable to swallow, irrespective of whether they transition early to palliative care or not.
   This could perhaps be added at the beginning of the amendments on page 6.
   This is a very important point. Artificial feeding is initially offered and provided to all
   patients if they are unable to swallow regardless of the transition to early palliative care.
   In the current version, this has been added.

Thank you again for your efforts to help us improve our manuscript.