Reviewer's report

**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

**Version:** 1 **Date:** 12 February 2013

**Reviewer:** Sarah Galbraith

**Reviewer's report:**

**Major essential revisions**

1. This is a retrospective analysis of data but some of the text is written in a way that suggests it is a prospective study.

2. The primary outcome measure needs to be stated clearly in the abstract and earlier in the methods.

3. The definition of 'early transition to palliative level of care' is needed. It is unclear from the retrospective analysis how decisions to transition to palliative care or for patients to be included in this cohort had been reached. Was there a pre-existing formula in use at the time patients were treated to determine their management, if so this needs to be stated? The management patients did or did not receive, depending on whether they were transitioned to palliative care is unclear. Were the patients with poor swallow offered artificial feeding or was this withheld? 79 patients (were) had transitioned to early palliative care after failing first swallow but, 36% of patients who were not able to undergo first swallow did not transition to palliative level of care and 33% of this group had PEG placement.

4. As this is a retrospective analysis of the records, the second sentence in results should reflect this in a change of tense to read, '79 patients who had transitioned to early palliative care had failed the first swallow evaluation or were unable to formally assessed for dysphagia'. Change of tense throughout 2nd paragraph of results is required. ‘the majority of those patients who had been able to undergo first swallow evaluation and who were transitioned to early palliative care.............majority of those who had not been transitioned.....’

5. There is a mixture of use of numbers and percentages in the results. Use numbers with percentages in parentheses throughout rather than using only percentages in some of the results reporting.

6. There is an error in figure 1 as the total of patients included and excluded is 448 whereas patients assessed for eligibility are listed as 447 patients.

7. List of reasons for patient’s exclusions adds to 211 patients not 212 as stated.

**Minor essential revisions**
1. Background – it is not clear what is meant by reported 5 year rate of 40% (is this death rate?)
2. PEG, should be written in full followed by the abbreviation in brackets (PEG)
3. There is a typo on page 4, 7th line.
4. There is variation in using dysphagia and swallowing dysfunction, consistency in terminology would be better.
5. Method Page 6, the words ‘were also excluded’ need adding to the end of first sentence.
6. It is not clear what criteria were used to classify dysphagia as mild, moderate or severe.
7. Delete the sentences; ‘in patients with acute MCA stroke with associated swallowing impairment any information that may help in decision making is essential. In this study we assessed the influence of swallowing function on palliative care decision making.’ This does not add to the subsequent 2 sentences which then need expanding to state that MCA stroke patients are considered.
8. Inconsistency in using MCA abbreviation later in this section.

Discretionary Revisions
1. It would add to the study if outcomes were listed for patients who transitioned to early palliative care and those not transitioned, i.e. what was the time from diagnosis to death for each group, does this correlate with swallowing dysfunction?
2. In the light of the above a more appropriate title might be ‘Swallowing dysfunction as a predictor of outcome among middle cerebral artery ischaemic stroke patients.’
3. Exclusions would be clearer if classed as from time of first symptom/last seen normal, rather than from admission i.e. patients whose swallow assessment was delayed beyond 3 days from first symptom or who failed the initial swallow assessment.

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

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