Author’s response to reviews

Title: Managing the changing burden of cancer in Asia

Authors:

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Author’s response to reviews: see over
Dear Editor,

Authors replies to Reviewers’ comments

We thank the different reviewers for their useful and constructive comments, which we have addressed while revising our manuscript.

It is a real challenge to deal with wide ranging cancer control issues in a vast and disparate continent like Asia. Taking all comments into account, we have redrafted and reframed the manuscript focussing on which cancers will pose a significant burden in the next 20 years and the major prevention, early detection, and treatment initiatives needed to control this emerging burden of disease. We emphasize that investments in improving health service systems and infrastructure is critical to make progress.

1. We appreciate Asia is very heterogeneous and the high-income countries such as Singapore, Japan, Korea and Israel have well-developed cancer health services, but the vast majority of the population living in other Asian countries have extremely limited services and the cancer burden is predominantly located in these low- and middle-income countries and naturally a major focus is on these limited resource settings.
2. A situation analysis on current cancer control aspects in Asia is provided.
3. We have retained the background discussion on cancer patterns and burden and cancer health services in Asia while redrafting the manuscript.
4. We have prepared a more focussed manuscript taking into account the comments.
5. We refer to the aborted Philippines clinical breast examination trial; health system failure in triaging and treating screen-positive women in this trial is discussed.
6. The work of Breast Health Global Initiative is discussed.
7. We clearly discuss the screening strategies that may and may not be implemented.
8. Cost-effectiveness is a complex and country-specific issue and it is not possible to include this aspect in this review. Cost-effectiveness does not mean an intervention is affordable and feasible: affordability can be pragmatically analysed by taking into account health care resources and systems among others.
9. We have kept the focus on general readership.
10. We deleted few tables and references have been substantially reduced.

Response to reviewers’ comments
Many thanks for your revision and the useful comments to further revise our manuscript. We have carefully gone through your comments and the reviewer comments and have revised the manuscript accordingly and you will find our response in blue to the reviewers’ comments in the main body of the manuscript as well as a in the brief description below:

**Reviewer 1:**
1) Authors have addressed the most comments however, given the scope and policy directions of the paper, we find that many remarks are sweeping and are missing the issues in countries. Country by country analysis with real data is necessary if opinion is made on cancer services. We have tried to be as unambiguous and to an extent dogmatic as possible within the limitations. In a review manuscript like this, it is not possible to go by country by country analysis.

2) Table 5 has to be from reliable sources (not from the textbook). WHO has developed managerial guidance and a set of modules which provide the full scope of cancer control. We are addressing about components of cancer health services in Table 5, not from a text book but from our real life experience on cancer health services. The table is not about “comprehensive cancer control”, but about practical aspects of cancer health services in a simple language. Please see we have modified the Table 5 further and have referred to WHO managerial guidelines in the text and in preparing the Table 5 (for both National Cancer Control Programs as well for key components of health services in general). Page 34.

3) Table 6 is more like general impression without hard data on the services. An in depth analysis of the actual situation is needed before making wide ranging recommendations. Table 6 is based on our perceptions and not on theory and philosophy. We summarise for several countries in a vast continent, which is, by itself, a daunting task. We have reflected our considered opinion on trying to describe highly heterogeneous services in a highly heterogeneous geographic region.

4) We note the editors comment that this can be an opinion paper, however, the paper is more of review and opinions are not based on in-depth analysis: Fine with us.

**Reviewer 2:**
The revised manuscript is much more balanced in my view and is suitable for Publication: Thank you for your useful comments. I have only a few minor remarks:

1) Table 6: specify reference year for GNI: Done. Page 35.

2) Page 11, reference to HPV-immunization interventions: the statement “…when given in early adolescence or adulthood” needs the specification that the vaccine is highly effective in uninfected or infection-naïve girls and women, e.g. “…when given in uninfected adolescents or adult women”: Modified as suggested. Page 12.

3) Page 11: “Eradication of Helicobacter pylori infection results in the healing of gastritis and reversal of mucosal damage and has the potential to prevent stomach cancer [32]”, I suggest to add ‘early’ before ‘mucosal damage’. In fact H-pylori eradication when atrophy and intestinal metaplasia have developed does not affect the risk of developing cancer: Added as suggested. Page 13.

4) Page 19-20, Section on palliative care: the section is unfinished ending abruptly, needs completion/editing: Sentence is complete now in the revised version. Page 22.
5) I would also suggest to mention the WHO Cancer Pain Relief Guidelines: The Three-Step Analgesic Ladder: Thank you very much for reminding us: we have mentioned the ladder approach for pain with necessary references. Page 21.

Thank you, in advance, for your consideration,

Yours faithfully,

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