Author’s response to reviews

Title: A Comparison of Medical Outcomes and Healthcare Costs in the End-of-Life Between Dialysis Patients with and without Cancer: A National Population-based Study

Authors:
Jui-Kun Chiang (jkch68@gmail.com)
Jean-Shi Chen (chenjessetainan@gmail.com)
Yee-Hsin Kao (m2200767@gmail.com)

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Author’s response to reviews:

Rebuttal letter:

1. This overlap mainly exists in the Statistical analysis and the Discussion: P17, line 11-18

Culture is a key factor influencing the decision to die at home for terminally ill patients. For instance, in traditional Chinese culture, death is a sensitive topic, and any mention of it is considered sacrilegious and thus avoided [44], which might be an explanation for an increase in hospitalizations in the final month of life. Another possible reason might be that in Taiwan, dying patients were commonly discharged “against medical advice” from the hospital and often with artificial respiratory support (e.g., nasal cannula) to allow patients to die at home [45].

Response: Thank you for your advice.

We had revised the sentences as below:

Culture might be a factor influencing the decision to die at home or in hospital for terminally ill patients. For instance, dying patients were commonly discharged “against medical advice” from hospital and formally with artificial respiratory support to allow patients to die at home in Taiwan [44]. Another possible reason might be, in traditional Chinese culture, death is a sensitive topic, and any mention of it is considered sacrilegious and thus avoided [45]. Therefore, dying patients were often admitted, which might be an explanation for an increase in hospitalizations in the final month of life.
2. This overlap mainly exists in the Limitation: P19, line 8-17

However, increased hospitalization days in extremely old patients with increased CCI could indicate poor quality of life. A limitation of this study is that it used claims data. Other limitations included that the laboratory data and measurements of physical function were not available from the NHIRD. Although these clinical parameters could influence the mortality rate, the CCI was a better indicator than age, diabetes, cardiovascular disease, or albumin [51]. Another limitation is that certain parameters that may have improved the performance of our study population were not available in this database, such as information regarding dialysis access, dialysis dose, modality, residual renal function, and other treatment factors during follow-up visits.

Response: Thank you for your advice.

We had revised the sentences as below:

However, increased hospitalization days in extremely old dialysis patients with increased CCI could indicate poor quality of life. There are some limitations in this study. First, the risk factors related to each quality indicator (eg, clinical symptoms and signs, laboratory data, and DNR designation) were not available from the administrative database. Second, patients who received dialysis for less than 3 months and fewer than 12 times were excluded from this study because we wanted to eliminate the possibility of including patients with acute renal failure or renal failure patients with terminal illnesses. Quality of life was also not measured in the present study. Third, the timing of dialysis withdrawal was not recorded in the claims data, so the proportion of patients stopping dialysis treatments in the last month of life was not clear. Finally, the fact that this study was retrospective is also a potential limitation.

3. Section headings

Please rename the section heading 'Introduction' to 'Background', 'Materials and Methods' to 'Methods' in the main text of this manuscript

Response: Thank you for your advice.

We had revised the Section heading as you suggested.

4. Funding
The role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript should be declared in this section.

Response: Thank you for your advice.

We had revised the sentences as below:

JK Chiang received research grants from Dalin Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation (DTCRD 105(2)-E-22). No funding source was involved in collection, analysis, interpretation of data and in writing the manuscript, or the decision to submit the manuscript for publication.