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 (chenjesselainan@gmail.com)

Yee-Hsin Kao (m2200767@gmail.com)

Version: 4 Date: 07 Jun 2019

Author’s response to reviews:

Rebuttal letter

BNEP-D-19-00047R1

Topic: 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

Dear Editor-in-Chief:

Thank you for your review of our manuscript. On behalf of my co-author, I would like to resubmit our revised manuscript entitled "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" (BNEP-D-19-00047R1).

We have responded to each of the reviewers' comments point by point and marked the changes in the new manuscript with red text. Our responses are listed in the response to reviewers.

We confirm that the manuscript has been read and approved for submission by all authors. All authors have contributed to preparing the manuscript and/or that International Committee of Medical Journal Editors (ICMJE) criteria for authorship have been met, and that no person or persons other than the authors listed have contributed significantly to its preparation. The authors
declare that there is no conflict of interests regarding the publication of this article. There is not any part of the manuscript published or submitted for publication elsewhere, or appeared elsewhere in a format that could be construed as a prior or duplicate publication of the same or similar work.

Sincerely,

Yee-Hsin Kao, M.D. corresponding author on behalf of all authors

Department of Family Medicine, Tainan Municipal Hospital

670 Chung Te Road, Tainan, 70173 Taiwan

Phone Number: +886-6-2609926 ext. 23104

Fax Number: +866-6-2609900

Email Address: m2200767@gmail.com

BNEP-D-19-00047R1

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

BMC Nephrology

Editor Comments:

The authors have addressed some of the concerns however several continue to remain and the manuscript cannot be accepted until they are addressed.

1) Foremost, the quality of the written English is still not satisfactory.

Response: Thank you for your advice!
From the abstract section, I have the following edits to improve the quality of the English:

Abstract:

a) P3, line 5-6 “saved healthcare cost for people dying from cancer, and that should be beyond cancer.”

Saved healthcare cost is awkward/poor English, rephrase to “lowered healthcare costs…” and “these benefits should be extended to patients with other serious illnesses including end-stage kidney disease”.

Response: Thank you for your advice!

We had revised the sentence as suggested.

Page 3 lines 2-4.

Palliative care has improved the quality of end-of-life (EOL) care and lowered the health care cost of cancer, and these benefits should be extended to patients with other serious illnesses including end-stage kidney disease.

b) “with both chronic hemodialysis and peritoneal dialysis”

“and” should be “or”

Response: Thank you for your advice!

We had revised the sentence as suggested.

Page 3 line 11.

Data of 1177 adult patients who died of chronic hemodialysis or peritoneal dialysis were investigated.

c) “and of being hospitalized for more than once (OR:2.26, C.I.=1.42-3.59, p=0.001) in the last month of life after adjustments compared with the D group”

Remove the word “for” from the above
Response: Thank you for your advice!

We had removed the word of “for” as suggested.

-------  -------------------------  -------------------------  -------

d) A higher percentage of DC patients received hospice care, had fewer CPR events, similar health care costs, higher risks of hospital stay that lasted more than 25 days, and that occurred more than one hospitalization compared with D patients in the final month of life.

Needs to be reworded, for example:

DC patients received hospice care more frequently, received CPR less frequently, and had similar health care costs. DC patients also had a higher risks of a hospital stay that lasted more than 25 days and more than one hospitalization compared with D patients in the final month of life.

Response: Thank you for your advice!

We had revised the sentence as suggested.

Page 4 lines 7-10.

DC patients received hospice care more frequently, received CPR less frequently, and had similar health care costs. DC patients also had a higher risk of a hospital stay that lasted more than 25 days and more than one hospitalization compared with D patients in the final month of life.

-------  -------------------------  -------------------------  -------

Unfortunately, the remainder of the manuscript also has multiple similar English phrasing concerns. I am sympathetic to the difficulty of writing in a non-native language, but please try a better language editing service or I can inquire regarding reputable companies that other editors have had success with (please send me a separate email if that is requested).

Response: Thank you for your advice!

This manuscript was edited by Wallace Academic Editing.

-------  -------------------------  -------------------------  -------

2) I appreciate the investigators’ explanation of the differences between palliative care and hospice; however, my question is what are the requirements for eligibility for palliative care
services in ESKD patients in Taiwan? I am still unclear regarding: a) can an ESKD patient in Taiwan continue on dialysis and receive palliative care services (e.g., for symptom treatment)? Please be explicit regarding whether dialysis withdrawal is necessary in order to use palliative care. If withdrawal is necessary, this needs to be mentioned in the abstract as it explains why palliative care use will be much lower than might be anticipated.

Response: Thank you for your advice!

Withdrawal from dialysis could be an option for ESKD patients received palliative care services in Taiwan.

------- -------------- -------------- --------------

3) "the major episodes of admission" should be rephrased to the "primary causes of hospital admission" if I am understanding correctly.

Response: Thank you for your advice!

We had rephrased the primary causes of hospital admission to replace the major episodes of admission in the manuscript and Table 2.

------- -------------- -------------- --------------

4) in the methods please add the information about how palliative care use was operationalized (outpt, home care, or inpt billing encounter codes were used). This is not currently defined anywhere in the manuscript.

Response: Thank you for your advice!

We had added sentences in the part of Methods.

Page 12 lines 2-7.