Author’s response to reviews

Title: Physician requests by patients with malignant pleural mesothelioma in Japan

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Author’s response to reviews:

Dr. Akila Sridhar and Dr. Linda Gummlich

Editor

BMC Cancer

Dear Dr. Sridhar and Dr. Gummlich,

We appreciate the opportunity to respond to reviewers’ critiques of our manuscript, "Physician requests by patients with malignant pleural mesothelioma in Japan" (BCAN-D-18-01289). Below are our responses to the critiques in their order of presentation, and we have revised the manuscript as indicated in response to the critiques.
Editor Comments:

I'm afraid the quality of the English used throughout your manuscript does not currently meet our requirements, as there are several incorrect sentence constructions and grammatical errors throughout obscuring the message the authors want to convey. We recommend that you ask a native English speaking colleague to help you copy-edit the paper. If this is not possible, you may need to use a professional language editing service. Use of an editing service is neither a requirement nor a guarantee of acceptance for publication.

Response: According to editor’s comment, we asked the manuscript for professional English editing service. Certification is attached.

Reviewer reports:

Nico Van Zandwijk, PhD MD (Reviewer 1): In recent years several reports have appeared about the QoL of patients diagnosed with Malignant Mesothelioma. This report tries to add conclusions based on communications from Japanese patients. These communications have been retrospectively arranged according to subjects selected by the investigators. Without a strict question followed by answer mechanism it is difficult to arrive to solid conclusions and I am not sure if these descriptive data provide an important addition to the conclusions made earlier by other researchers.

Response: We completely agree that our manuscript has several limitations. Our results may not be representative of the general population of patients with MPM; however, our participants may at least be representative of survivors to a certain extent. We believe that findings in our manuscript support our conclusion that physicians should receive training in both communication skills and stress management and a multi-disciplinary care system should be established for patients with MPM.

Guglielmucci Fanny, DClinPsy, PhD (Reviewer 2): I really appreciate this paper which consider MPM management showing the importance of emotional and relational issues.

I suggest to Authors to specify better their method and organize in a more useful way data.

For example, I really appreciate percentage of the 6 themes (Table 2) and a sentence which explain that the themes are organized and discussed according with their prevalence in the sample.
A critical point of this version is a certain lack of international references. For example, Authors seem to be unaware of specific guidelines which suggest the importance of emotional and relational care of MPM patients (see for example UK guidelines, Italian III consensus conference etc)

Response: According to the reviewer’s suggestion, we added a few guidelines as references (Ref 14 in p5, lines 14-16 and Ref 29 in p18, lines 7-9). In addition, we added another reference in Background section (p5, line 9 as Ref 9 (Guglielmucci F et al.)

Melvin Chin, MB BChir (Reviewer 3):

As a revision point, could I ask if some of the categories in Table 2 could be rephrased for the readership to better understand the paper? Alternatively, further elaboration within the main body of text would be helpful.

1.5 Gave patient advice about daily life (Is this about daily activities? The given example appears to be about engagement with palliative care services)

1.9 Do not miss the progress of MPM (Is this about careful clinical assessment to not miss clinical signs of progression?)

4.3 Reliable attitude (Is this about consistent delivery of information?)

Response: According to the reviewer’s suggestion, we rephrased the categories in Table 2 and standardized with the main body of text (p9, lines 5, 7-8, and 14-15, p10, lines 1-2, 9, 12, and 16, p11, lines 6-7, 12, and 16, p12, lines 13-14, p13, lines 2-5 and 15-18, p14, lines 10-11, 13-15, p15, lines 4-8 and 15-17). In addition, we replace ‘daily life’ with ‘daily activities’ (1.5) and the category ‘Do not miss the progress of MPM’ with ‘Careful clinical assessment to not miss clinical signs of progression) according to the reviewer’s suggestion. We discussed category 4.3 which is better ‘Reliable attitude’ or ‘Consistent delivery of information. We replace them with ‘Have a reliable attitude’.

As a discretionary point, I would like to ask the authors if it is possible to incorporate information from patient characteristics in Table 1 in more detail in the analysis. For example, from a clinical standpoint, it would be very useful to see how the categorization of physician requests compares for patients on treatment versus off treatment, to better tailor their care needs. I acknowledge that some patient characteristics can already be inferred from the categories
reported in this manuscript, but I wonder if any new categories could be defined from further stratification based on patient characteristics. 

Response: According to the reviewer’s suggestion, we compared requests between patients who received palliative care and those who did not receive palliative care. The results are shown in Supplemental Table 1. We found that MPM patients without palliative care described more requests concerning understandable explanations, need for improvement of treatment and support system, and dedication to the treatment of MPM than those with palliative care. Among these requests, there was statistical significance concerning explain the cause of the symptoms, curability and prognosis of the disease, and provide a treatment plan (p=0.044). We added these results in Results section (p16, lines 7-13) and Discussion section (p18, lines 14-16).

We appreciate the constructive critiques of the reviewers, which have led to improvements in the manuscript, and we hope that these revisions satisfy the reviewers’ concerns. Thank you for your consideration in the review process.

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