Author's response to reviews

Title: How different is the care of terminal pancreatic cancer patients in inpatient palliative care units and acute hospital wards? A nationwide population-based study

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Author's response to reviews: see over
RE: MS: 1418293189167809 entitled “How different is the care of terminal pancreatic cancer patients in inpatient palliative care units and acute hospital wards? A nationwide population-based study”

A point-by-point response to the comments that were provided by the reviewers:

Reviewer: Hiroya Kinoshita
Major Compulsory Revisions

#1. Although you used palliative care, supportive care and hospice care in introduction, you need to clear description of these terms.

Response to the Reviewer:
Thank you for this constructive critique. We have clarified our descriptions of supportive care and hospice care in the Introduction:

“Hospice care aims to provide supportive care to patients who are in the final stage of a terminal illness [3]. Supportive care is the treatment given to prevent, control, or relieve complications and side effects and to improve the patient's comfort and quality of life [4]. Therefore, hospice care focuses on improving the patient's comfort and quality of life, rather than achieving a cure for their condition. Hospice programs typically use a multidisciplinary approach, which includes the services of doctors, nurses, social workers, and clergy, in order to offer holistic care to patients. Based on this comprehensive care, it has been reported that patients who receive hospice care experience a better quality of life, compared to patients with similar conditions who receive conventional care [5]” (page 5, lines 10–20).

Based on your comments, we have also more clearly described palliative care in the Introduction:

“Palliative care is an approach that improves the quality of life of patients and their families facing the problem that are associated with life-threatening illness, through the prevention and relief of suffering by early identification and impeccable assessment and treatment of pain and other physical, psychosocial, and spiritual problems [6]” (page 5, line 23, to page 6, line 2).

#2. From page 5 , line 10 to page 6 , line 2 it is unnecessary to write about the history of hospice movement.

Response to the Reviewer:
Thank you for this suggestion. We have removed the description of the history of the hospice movement.

#3. In introduction you should write clearly the primary aim of this study.

Response to the Reviewer:
Thank you for this valuable comment. We have revised and rewritten the primary aim of this study in the Introduction:

“We aimed to compare the patient characteristics, medical procedures, prescriptions, and medical costs for patients with pancreatic cancer who received inpatient palliative care or acute hospital care, and to identify any significant differences between these groups.” (page 6, lines 19–22).

#4. Are there palliative care team services for patients of acute hospital wards in Taiwan? (from page 14, line 13)

Response to the Reviewer:
There are palliative care team services for patients in acute hospital wards in Taiwan, and we have added the following text to the Discussion:

“The palliative care teams only offer consultations for patients in acute hospital wards. The physicians in acute hospital wards are responsible for all care-related decisions for patients in acute hospital wards.” (page 12, lines 15–18).

#5. Your explanation about shorter hospital stay in palliative care units was not enough. (from page 17, line 3)

Response to the Reviewer:
We apologize for the inadequate explanation about the shorter hospital stay in palliative care units. Following the reviewer’s comment, we have added a more adequate explanation to the Discussion:

“In our study, patients in the palliative care units used fewer aggressive procedures, which may lead to shorter life spans and shorter hospital stays.” (page 14, the last line, to page 14, line 2).

#6. Why you partially explain that to receive benzodiazepine is to control pain adequately?

Response to the Reviewer:
We thank the reviewer for this comment and have more thoroughly explained the use

“These drugs are an important adjuvant to control pain, and can help treat concomitant psychological disturbances, such as insomnia, anxiety, and depression, according to the World Health Organization’s guide for cancer pain relief [26]” (page 14, lines 9–11).

Minor Essential Revisions
#1. In page 4, line 3, more pain control is an inadequate expression.

Response to the Reviewer:
We apologize for this inadequate expression in the previous version of our manuscript. Following the reviewer’s comment, we have revised is as “more frequent pain control treatments” in the Abstract (page 3, the last line to page 4, line 1).

#2. Although you used "inpatient palliative care" and "inpatient palliative care units", you should unification of terminology#

Response to the Reviewer:
We thank the reviewer for this comment. The inpatient palliative care and inpatient palliative care units have different meanings. The inpatient palliative care means the care per se, and the inpatient palliative care units are the wards in which inpatient palliative care is offered.

#3. Although you used "acute hospital care" and "acute hospital care wards", you should unification of terminology#

Response to the Reviewer:
We thank the reviewer for this comment. The acute hospital care and acute hospital wards have different meanings. The acute hospital care means the care per se, and the acute hospital wards are the wards in which acute hospital care is offered.

#4. In discussion it is better to write the part of strength in front of limitations.

Response to the Reviewer:
Thank you for this suggestion. Following the reviewer’s comment, we have reorganized the text so that the strengths precede the limitations.

Quality of written English: Needs some language corrections before being published

Response to the Reviewer:
We thank the reviewer for this comment. The manuscript has been sent to Editage for English-language editing, and we have attached the Certificate of English Editing and corrected the text accordingly. Based on the reviewer’s comment, we have also added the following sentence to the Acknowledgement section: “We also thank Editage for English editing.” (page 21, last 2 lines).

**Reviewer:** Anthony Staines

**General comments**

The study is clearly written and well presented. I note that the last patient recruited was entered in 2006, which is some time ago. If there have been any changes in palliative care in Taiwan since that time, these ought to be briefly mentioned on the discussion.

**Response to the Reviewer:**

Thank you for this kind suggestion. Following the reviewer’s comment, we have added “Furthermore, we only evaluated patients who were treated during 2003–2006, and the number of Taiwanese inpatient palliative care units has increased from 26 in 2004 to 53 in 2015 [32]. Therefore, inpatient palliative care has become more accepted by the general public, which further supports its consideration during end-of-life decision-making.” in the Discussion (page 15, lines 14 – 18).

**Minor essential revisions**

Page 9, line 9 - Patients were identified from the 'Registry for Catastrophic Illness Patient database, which is a separate subsection of the NHI database'. While I appreciate that it is likely that most patients would sign up for this, as it reduces care costs, can the authors confirm that this is so?

**Response to the Reviewer:**

Thank you for this kind suggestion. As we mentioned in the Methods, all patients who are diagnosed with cancer can apply for a Catastrophic Illness Card in Taiwan, and these cardholders are exempt from cost-sharing under the NHI program (page 8, lines 2–5). Therefore, all the patients with pancreatic cancer are qualified to be enrolled into the Registry for Catastrophic Illness Patient database.

Interpretation – It is not clear exactly which population is being studied here – how many people died of pancreatic cancer in Taiwan between 2003 and 2006, and how many were included in these analyses? Reading the discussion it sounds as if home palliative care is widely used – is this so? There were around 1400 deaths from pancreatic cancer annually from 2008 to 2010.
(http://tcr.cph.ntu.edu.tw/main.php?Page=N2), which suggest that relatively few of the cases used either of the services analysed here. This does not affect your central point, but would provide useful context for non-Taiwanese reading your work.

**Response to the Reviewer:**
Thank you for this kind suggestion. Following the reviewer’s comments, we have added the following to the Discussion:

“There were 4,686 deaths due to pancreatic cancer from 2003 to 2006 [28]. However, home palliative care is widely used in Taiwan [18], and many patients were discharged, against their physician’s advice, when they were dying [29]. Thus, only 854 patients with terminal pancreatic cancer who died in-hospital were included in this study. Nevertheless, our findings indicated that there were significant differences between inpatient palliative care and acute hospital care for patients with terminal pancreatic cancer.” (page 14, paragraph 2).