Reviewer’s report

Title: Continuous Palliative Sedation for Patients with Advanced Cancer at a Tertiary Care Cancer Center

Version: 0 Date: 06 Apr 2017

Reviewer: Martin Weber

Reviewer’s report:

I enjoyed reading this interesting and well written paper. However some revisions and clarifications are needed before publication:

P. 4, Line 94 Please provide the institutional reviewed policy as additional file.

P. 5, Line 113 Please explain here why you excluded patients who died in the ICU, given the fact that your institutional guidelines seem to include PS on ICU (P 4, Line 93; there is a good explanation for your approach at the very end on page 11, line 268)

P. 8, Line 189. As you excluded ICU-Patients, the percentage for patients with PS is not 36,5% but 203/374 (fig. 1). The corresponding wording in the results section (p. 6, L. 139) is correct in itself as you say that 36,5 % patients met the inclusion criteria, but nevertheless misleading for the same reason. Moreover it is a bit confusing to say that 556 patients died with cancer and in a second step to exclude four of them because they did not have cancer (Figure 1 and P. 6 Line 139)

P. 10, Line 229 Impact on patient survival: I would be very interested to understand your argument (which is found frequently in the literature as well) why a comparison between sedated and non-sedated patients is helpful to explore this issue, when the starting point of comparison is the time of admission to the hospital. Following your argument, a palliative sedation of 27 h (median time, p. 8, l. 178) would actually have a positive impact on survival as in your study sedated patients lived longer than non sedated patients. In my opinion the only way to really explore this issue would be to randomize patients from the time of decision that a PS is indicated into a sedated and a non sedated group, which obviously is not feasible from a ethical point of view.

Please discuss the following issues as well:

Why was every 8th patient kept on artificial nutrition and every 5th patient on hydration until death? (p. 10, L 222) Are these cultural issues? What does your institutional policy state concerning this issue?

Please discuss why psychosocial distress does not occur in between the refractory symptoms seen in your center (S. 7, Z. 162 Table 2), compared for example to the results of the Maltoni review 2012: 19%.
Please discuss in more depth why the dedicated palliative care team was involved in only 12% of Patients with PS. This is particularly disturbing relating to the 30 patients where refractory pain was the indication for PS. How many patients of this subgroup were seen by the PC-Team? Were they perhaps seen by a separate specialist pain care team for patients with pain problems? What does your institutional policy say concerning involvement of the palliative care team in patients where a PS is discussed in the team?

In general: Were the guidelines of your institutional policy followed? It would be interesting to have more information on this issue.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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