Author’s response to reviews

Title: #Deathbedlive: the end-of-life trajectory, reflected in a cancer patient's tweets

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Author’s response to reviews:

Response to editors, Dec 4th, 2017

Thank you for your comments and recommendations. We have addressed the four technical issues and the editor’s request in the revised manuscript, as summarised below.

Responses to Technical Comments

1. Headers:

The numbers have now been removed from the headers in the manuscript.

2. Tables/Figures:

The tables have been extracted from the main body of the article and uploaded as separate files, along with the figures. The figure and table legends have been listed after the references section, as advised.

3. Supplementary files:

The file containing our communications with Chris Pointon has now been removed from the supplementary files.

4. Clean version:

A clean version of our revised manuscript has now been uploaded for your approval.
This is an interesting research which offers new methodology to palliative researchers. The results are reasonable. The spiritual/existential issues from true/earnest Tweet, but structured academic word of the questionnaire would give us an insight of inside of the sufferers. As the author mentioned, the only one cohort is the big limitation. However, this research method has a potential advantage. One of the advantages of this study is being able to get electronic data.

Authors' response: Thank you for these comments.

I would like to require the authors to show future perspective of this methodology for example artificial intelligence, deep learning, etc. I hope that the methodology would develop in the future.

Authors' response: Thank you for this suggestion. We are aware of the recent study by Ng and colleagues, describing the use of Deep Learning in palliative care, and are pleased to have the opportunity to mention this in our manuscript. This has been integrated into the section headed “Benefits of analysing social media data”, along with some additional comments about the future of artificial intelligence in palliative care. [Page 9, lines 264-268]