Author’s response to reviews

Title: Does packed red cell transfusion provide symptomatic benefits to cancer palliative patients?: a longitudinal study from a single private oncology center in Nepal

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Reply to Pasquale Niscola (Reviewer 1)

“The role of transfusions in symptom relief of palliative care patients is controversial. However, some experience, incuding this paper, in addition to the daily clinical practice in patients in terminal phase affected by hematological malignancies, indicate that transfusion, far from being a therapeutic obstinacy, is a valid measure of palliative medicine for the control of symptoms and in the comfort of the patient also in advanced stages and even in the end-life care setting. This work brilliantly sums up these aspects and could be of great use to specialists in palliative care and hematology.”

Thank you for acknowledging our work. Your comments and support will be an encouragement to beginners like us.

Reply to Timothy To (Reviewer 2)

Thank you Sir for providing constructive feedbacks to our manuscript. This will enable us to work more efficiently in future. We would also like to thank you for acknowledging our work. It always feels nice and increases enthusiasm to do better. We have made necessary corrections as advised which has been mentioned below:

1. “introduction and discussion - fatigue and dyspnoea in advanced cancer are likely mediated by a number of mechanisms, not just cancer related anaemia as suggested by the author group; eg. cytokines, malnutrition, hypermetabolic state, pulmonary disease, comorbidities”
2. “outcome measurements - fatigue was assessed using a global yes/no; whilst dyspnoea using the 'dyspnoea index' - this index was not described nor dyspnoea defined using its outcomes”

Methods Section: Page 5: line 107-108

Breathlessness was assessed using the Dyspnea Index but the results were not categorized according to the severity as categorical analysis did not show any significant results probably because of less sample size. But when the data was analyzed as a whole, the results were found to be significant. We sincerely do hope this can be considered.

3. “the conclusions drawn do not recognise strongly enough the effect of having an intervention, whether the intervention helped or not; subjective reports of fatigue and dyspnoea improved significantly most likely because something was done! To illustrate this point, the fatigue levels in a group that did not receive a transfusion improved by 33%; imagine what the 'placebo' effect of having a transfusion was in reducing fatigue by 45% and breathlessness by 73% “

Fatigue level in group that did not receive a transfusion improved by only 15% whereas in transfused group the benefit was found to be double at around 33%.

Something was done and the psychological effect has been discussed.

Discussion Section: Page 11 Line 210-217.

Parts of conclusion has been rewritten.

Conclusion Section: Page 12 Line 241-246