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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Editor Comments:

1. Ethics approval and consent to participate

- Please include your ethics approval reference numbers in this section.

(Declarations Section Ethics approval and consent to participate Subsection Page 13 Line 257)

- Please clarify whether the obtained consent was in verbal or written form. If only verbal consent was obtained, please provide a clarification as to why this is the case.

(Declarations Section Ethics approval and consent to participate Subsection Page 13 Line 258)

2. List of abbreviations

Please remove your list of abbreviations from the declarations section, and insert it as a separate section located in between the Conclusions and the Declarations section

Done as advised

Reviewer reports:
Timothy To (Reviewer 2): There remains some significant issues for this paper; some of which I may have missed on the original paper, and some that have emerged with the rewrite.

1. Title - the study looks at symptoms rather than functional status and the title should reflect this.

   Title has been changed as suggested from “Does packed cell transfusion improve functional status of cancer palliative patients?: a longitudinal study from a single private oncology center in Nepal” to “Does packed cell transfusion provide symptomatic benefits to cancer palliative patients?: a longitudinal study from a single private oncology center in Nepal”

2. Several parts of the paper refer to issues around cancer, third world/nepal, access to palliative care etc. I'm not sure how much this adds to this paper, as transfusion for anaemia is an issue that faces all palliative care services; I would suggest making the developing world issues less prominent.

   Thank you for pointing out the issue. We had a discussion about this beforehand and as this study was conducted in a low economic country, we tried to acknowledge the lack of palliative care manpower in the country. You have rightly advised not to make developing world an issue, so some language change has been made. But, in the discussion part, we felt like a necessity to include the issue. Hope you could consider this.

   Discussion Section Page 9 Line 185, Page 10 Line 206

3. line 55 - obesity (rather than overweight)

   Corrected Line 52

4. line 64 - anaemia is not a symptom

   Changed to “clinical finding” Line 61

5. In palliative care, whilst there may be anaemia, the thing that clinicians should be treating is symptoms rather than anaemia. Most commonly this is for fatigue (see http://dx.doi.org/10.1089/jpm.2017.0072) Similar to the discussion about cancer induced anaemia, fatigue is usually multifactorial and not just related to the anaemia; I think the paper should reflect this better; in targeting a symptom, anaemia is but one of the reversible factors

   (Background section Page 4-5 Line 84-90)

   Suggested reference has been studied and cited.
6. Aim - not sure the study really 'finding out the haemoglobin trigger values'... I would suggest remove

Removed as advised (Background Section Page 5 Line 90-91)

7. Aim - second aim I would suggest removing functional status reference and just state change in symptoms

Removed as advised (background Section Page 5 Line 90-91)

8. line 98 - replace 'denied' with 'not accessing' or alike

Replaced “denied” with “did not accept” in line 99

9. line 102 - change 'on' remission to 'in' remission

Changed Line 103

10. Thank you for articulating the dyspnoea index; however you still analysed using binary breathlessness - how did you classify this binary divide for the readers information?

All severity index were analyzed as “yes” or “no” as severity wise analysis of the data could not elicit reproducible results.

11. line 132 - 44+3 patients, but line 133 refers to 46 patients - is this correct?

It has to be 46.46 patients underwent transfusion for Hb<10g/dL. Among the transfused patients 44 of them were anemic and 2 of them had Hb>=10g/dL and were transfused for symptoms of breathlessness.

Our sincere apologies for having missed the information.

12. The percentage reductions in my first review referred to relative risk reduction rather than absolute risk reduction; often this is a more helpful metric

Fatigue was assessed based on subjective feeling. No accepted Fatigue Scoring scales were used, thus we only analyzed the absolute risk reduction in our study.

13. line 161 - CIA abbreviated, but this was not used previously in this way
14. line 163 not sure of the significance of this sentence and whether this is required

Removed as advised

15. The discussion around the placebo effects of 'transfusion' should be discussed; the authors have attempted to explain the benefit in symptoms in the non-transfused group, however have not extended this to the placebo effect on the transfused group; this section also needs to be a little more concise

The placebo effect in transfused set of patients has been discussed.

Discussion section Page 11 line 211-213