Author’s response to reviews

Title: INTERNATIONAL PALLIATIVE CARE RESEARCH PRIORITIES: A SYSTEMATIC REVIEW

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RESPONSE TO REVIEWERS

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BMC Palliative Care

INTERNATIONAL PALLIATIVE CARE RESEARCH PRIORITIES: A SYSTEMATIC REVIEW

Felicity Hasson; Emma Nicholson; Deborah Muldrew; Olufikayo Bamidele; Sheila Payne; Sonja McIlfatrick
Editor Comments:

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<tr>
<td>1</td>
<td>The focus of this study is too broad, whilst you have attempted to identify ‘international research priorities’ the focus is almost entirely on Western/developed countries. Only one of the included studies presents data from LMIC’s and the searches were restricted to English language articles. As a consequence, the identified themes are largely situated within a Western context (e.g. 24hr care/out of hours care is unlikely to be relevant in countries where the primary concern is a lack of any existing pall care provision). Unless you are able to re-do the searches in other languages and make a considerable revision of the themes so they reflect the needs of LMIC’s, I would suggest re-framing this article, so it explicitly relates to research priorities in Western/developed/high income countries. Thank you, the focus of the paper has been changed.</td>
<td>Background, aim and discussion</td>
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<td>2</td>
<td>Quality appraisal – I’m concerned about the lack of quality appraisal for four studies. You may wish to re-consider this and use a critical appraisal tool designed for mixed methods studies or grey literature. It is fine to use something other than the JBI tools here. Thank you, the four studies were not quality appraised as no specific quality appraisal tool exists for the methodology (i.e. Delphi Technique) to accurately appraise the tools – this has been recorded in the section. Therefore, employing an incorrect tool would introduce flawed results and bias as outlined. No study was excluded based on quality. Given this, the specific comment has not been acted upon. Happy to discuss further.</td>
<td>Quality Appraisal and Risk of Bias</td>
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<td>3</td>
<td>Limitations – restricting the searches to English language only is a major limitation and this should be reflected here. Thank you this has been recognised as a limitation However, it has several limitations for example, the search was limited to English language articles, which limits the generalizability of the findings.</td>
<td>Strengths and limitations</td>
</tr>
<tr>
<td>4</td>
<td>P4, line 29 typo simulate for stimulate. Thank you this has been changed to stimulate</td>
<td>Background, P4 line 29</td>
</tr>
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<td>5</td>
<td>P7 – please describe the purpose of the quality appraisal (given it was not used to exclude papers) Thank you, the following explanation has been included</td>
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“Quality appraisal was undertaken to gain an understanding of the results and level of confidence in the findings”.

Quality appraisal
Moreover the application of the checklist to help standardise research priority setting in health could be used to inform priority setting exercises going forward (28).

What is already known and what does this review add

P18

10 Limitations – it is not appropriate to say your findings are relevant across geographical boundaries given the Western focus of the included literature. Please amend.

   Thank you, this has been removed. Strengths and Limitations

P19

11 Figure 1 – please include an = symbol after grey literature Thank you this has been included Figure 1

12 Figure 1 – you refer to ‘others’ under the additional record searches. Please describe in the text the nature of these other searches. ‘Other’ were other forms of grey literature which have been described in the main text and so these numbers have been combined in Figure 1. Figure 1

13 Table 2 – parentheses missing in first inclusion criteria box Thank you this has been included Table 2 inclusion criteria

14 Table 2 – typo in first exclusion criteria box (an additional ‘for’). Thank you this has been changed Table 2 exclusion criteria

15 Table 3 – this is not very meaningful at present. Can you amend this to include a text description of quality as well as the numbers (under the grade column), and also describe somewhere what is meant by Q1-Q11 in this table. Thank you, the text has been expanded to explain the text description of quality in the manuscript.

The scores were computed by counting the number of ‘Yes’ answers.
In addition, a description of the Q1-Q11 has been included.

Table 3 Quality appraisal p8

16 Table 4 –please amend the figure legend to explain that the review findings have been mapped onto the Donabedian framework here. Thank you this has been included in the figure and the title Table 4

Reviewer reports:

Eve Namisango (Reviewer 1): Reviewers comments

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<td>The justification for mapping the themes on to the Donabedian framework for assessing quality reflecting structure, process and outcomes and key priority areas is not clear. The rational should be explained. For example, developing countries prioritize the WHO public health approach to scaling up access, we also have strategies geared towards health systems strengthening inclusive of quality assurance- this makes to the WHO building blocks framework more useful. The framework perspective should be situated and explained- in its current form its way too brief and unclear. Thank you, this section has been added to as follows</td>
<td></td>
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<td></td>
<td>This framework will help to provide a standardised model to summarise the research priority results according to quality indicators and identify gaps in the evidence. Analytical Themes</td>
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P14

2 The finding of the voice of the care provider dominated, calling for more inclusive means to capture the patient and family voice- I would say, this could be due to the limitation of the search terms, PPI studies would capture more of such engagements.

Thank you, this is a valid point and has been recognised in the limitations section of the paper.

The search was also limited that the exclusion of patient and public involvement which may have captured more caregiver and patient perspectives. Strengths and Limitations

P19
3  How evidence based is this recommendation given that disease and specialist specific studies were excluded "however, the dearth of evidence around disease trajectories and palliative care for non-cancer populations was highlighted as a priority for future research." Thank you this has been removed  

Strengths and Limitations

4  From the narrative the search yielded 10,325 studies but the flow diagram has 4363 studies. Thank you, this was an error and has been changed  

Figure 1 PRISMA Flow Diagram

5  What does this exclusion criteria mean "wrong outcomes?" “Wrong outcomes” refer to studies that did not produce clear research priorities outcomes. This has been changed for clarity. Figure 1 PRISMA Flow Diagram

6  I disagree with this conclusion "A review of the international palliative care priorities generated a list of common denominators within the global palliative care landscape" - The coverage of the 10 studies presented doesn't support a "global conclusion" in the strict sense. Please tone this down.

Thank you, and in accordance with the editors comments such claims have been revised. The term global has been removed from this specific sentence.  

Conclusion

p20

7  Please provide a few lines to explain how these scores (ratings are generated).

Thank you, the following sentence has been added for clarification.

The scores were computed by counting the number of ‘Yes’ answers.  

Quality Appraisal and Risk of Bias

P7-8

8  Page 10-the authors list several countries and then seem to list Africa as country as well, please review for consistency.

Thank you, reference to counties has been removed and the following included.
The geographical location of the studies was diverse. Three of studies were based in the United Kingdom (44,46,49), while one was conducted in both the United Kingdom and Ireland (20). Each of the remaining five studies geographical location were conducted in New Zealand (21), United States (47), Canada (45), Australia (50) and Africa (48) respectively. 

Results,

Overview

Reviewer reports:

Katherine Sleeman (Reviewer 2):

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<td>For me the most interesting aspect was not 'what are the research priorities' but 'what methods, settings and participants have been used, and how can we improve these processes in future'. This latter aspect comes out very well in the discussion, though could be strengthened with inclusion of some specific recommendations for future priority setting exercises (see below). Thank you this has been expanded in response to the reviewer’s suggestion.</td>
<td></td>
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<tr>
<td></td>
<td>Future attempts to set research priorities should involve a multi disciplinary representation of stakeholders, such inclusion will provide credibility and enhance the feasibility of the developed priorities. Whilst it is outside the remit of this review to specific an appropriate priority setting methodology, the conduct of any such exercises should be governed by methodological guidelines, clear objectives and defined criteria and concepts, for identifying and ranking priorities. Doing so, will aid the transparency of the process and credibility of the results.</td>
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Implications for policy, practice, and research

P20

2 Abstract - There is a word missing in the first line of the results - the search yielded 10,325 what?

Thank you, the term article has been included

Abstract

3 Page 5 line 27 - 'spurned' is not the right word - do you mean 'spurred'?

Thank you, this spelling error has been changed

Background
Page 9 line 29 - I am very confused about how there are 3738.03 stakeholders. The footnote does not adequately describe how this can be. Also, two decimal places seems inappropriately precise.

Thank you, reference to this has been removed

Page 9 line 36 - as above 1902.28, and at other places in this section

Best et al. (2014) provided only a percentage figure for each population group and not the exact sample sizes for each population. Therefore, we had to calculate this ourselves which resulted in the decimal figure. In order to make this clearer, we have removed reference to these figures and readers can view the participants in Appendix 1.

Details on the sample sizes for each participant group can be found in appendix 1.

Page 10 line 51, there is a "(" Thank you, this has been removed

Discussion - could the authors comment on the generalisability of the findings a little more, i.e. the risks of generalising from high income settings to low income settings.

Thank you, this has been expanded.

Therefore, the application of western research priority findings is limited, if not adapted to the specific economic, cultural and specific health care context and constraints of lower- and middle-income countries. What is already known and what does this review add

Discussion - could the authors strengthen their implications for policy and practice by making some recommendations for future priority setting exercises? Both in terms of the methods and the participants (and possibly a reflection on settings).

Thank you, this has been expanded.
Future attempts to set research priorities should involve a multi-disciplinary representation of stakeholders, such inclusion will provide credibility and enhance the feasibility of the developed priorities. Whilst it is outside the remit of this review to specify an appropriate priority setting methodology, the conduct of any such exercises should be governed by methodological guidelines, clear objectives and defined criteria and concepts, for identifying and ranking priorities. Doing so, will aid the transparency of the process and credibility of the results.

Implications for policy, practice, and research

P20