Author’s response to reviews

Title: Limited knowledge and access to palliative care among women with cervical cancer: an opportunity for integrating oncology and palliative care in Zimbabwe

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The Editor
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Dear Editor

I am please to submit a revised draft version 2.0 of our manuscript entitled ““Limited knowledge and access to palliative care among women with cervical cancer: an opportunity for integrating oncology and palliative care in Zimbabwe””, after addressing the reviewers’ comments for your consideration for publication in BMC Palliative Care

Below are the issues raised, how they were addressed and where they were addressed in the draft manuscript.
Reviewer 1:

1. The survey subjects were randomly selected and did all subjects agree to participate in the survey? The number of survey subjects and response rate are unclear

Responses: Addressed in Methods paragraph 1 (lines 35-37) and 2 (lines 23-29)

2. For quantitative data collection, did the researchers enter the answer on the tablet by listening to fieldwork? The data collection procedure is unclear.

Response: Addressed in Methods paragraph 3 lines 12-13

3. The only description of the participant's characteristics in the results is age. The background of participants that seems to be related to palliative care knowledge and perceptions such as cancer progression, occupation, income level, and education level should be described

Response: Addressed in Results paragraph 1 lines 9-13 and Table 1

4. Why did you separate Table 1 and Table 2? It would be simple to understand the results when they were put together. And, please consider adding the 95% confidence intervals for sample proportions in Table 1-3.

Response: Addressed in Table 2, only cervical cancer patient survey was retained in this manuscript to avoid confusion and in line with the research question.

5. Based on the issues found in this study, the palliative care policies and programs necessary for Zimbabwe should be specifically described in the discussion.

Response: Addressed in Discussion paragraph 3 lines 38-40, paragraph 4 lines 18-19 and paragraph 5 lines 38-40
Reviewer_2:

1) The definition of palliative care from WHO has some limitations in the understanding of the meaning of the concept from different settings. I will suggest the author to consider also the consensus definition in the sense of local efforts will be valued.
Response: Addressed based on the local understanding of palliative care in Background paragraph 5 lines 10-11

2) It is important for the readers to understand the context of Zimbabwe in palliative care service (national policy, access to opioids, education...ect) to value the study. A paragraph would be great to understand the country situation of PC.
Response: Added as suggested Background paragraph 4 lines 24-40

3) I didn't see the WHO reference for the palliative care definition. I'm sorry if you cited somewhere
Response: Added in Background paragraph 5 lines 4-8

4) The abbreviation of FDG should be explained on the first paragraph (page 4) instead of page
Response: Added in Background paragraph 5 lines 8

5) In the sub-theme: "Palliative care is compromised by high costs of drugs and treatments, it seems not clear to me about how high cost and drugs treatment of cancer reduced access to palliative. Are you focused to physical aspect instead of the holistic care? near more clarification. I know people can get access to palliative care especially when there is cost of cancer care and drugs so how it is different? except if the indicators are based on physical not spiritual, psychological, social-cultural, family members...ect
Response: Addressed in Results paragraph 8

6) Would you mind also adding a short paragraph about the Cancer control plan in Zimbabwe or Harare to understand the need?
Response: Added in Background paragraph 2

Reviewer_3:

Page 2 line 16, page 4 line 34, page 5 line 28, page 11 line 49: use either consists of or comprise...but NOT comprised of! Addressed

Page 2 line 55: start thinking- Addressed

Page 3 line 17: clarify yearly and be specific-Addressed

line 34: clarify process and heterogeneous in this context-Addressed

line 47: was-Addressed

line 50: The WHO-addressed

line 51: quotation marks required. Suggest using updated definition-Addressed

line 59: suggest further exploration into history of Island Hospice as for many years it attended almost entirely to oncology patients before expanding to HIV and other patients-Addressed in Background paragraph 4 lines 21-30

Page 4 line 7: the integration program is broad integration of PC into the health system, not just oncology-Addressed

line 30: clarify inclusion of IHH as a PC provider as it is not a cancer treating facility. Suggest justify why Cancer Centre was not included? This section would be improved with clarification of selection process-Addressed.

line 58: delete 'of'-Addressed

Page 5 line 6: delete 'in'-Addressed

line 15-20: selection is confusing regarding key informants and in-depth interviews; also clarify 'unique experiences'.-Addressed

line 33: delete 'were'-Addressed

line 38: compensate-Cla[rified

Page 6 line 28-31: confusing reading some of these results. Perhaps italicise illness and treatment? Also use of 'relatively' is misleading; sometimes the percentage is nearly half which is surely significant?-Addressed
line 39-40: surely referral to PC provider is aimed at health workers only? Not sure it is valid for other participants?-Clarified

line 43: remove comma-Addressed

Page 7 line 7: explain what you mean by hospices? There is no in-patient hospice and hospice care provided by IHH is home based, as are several other organisations who have some PC training. This is misleading for readers outside this country-Addressed

line 8: than-Addressed

line 9: what was their perception based on?-Clarified

line 13-16: analgesics across the 3 step ladder?-Clarified and yes across the 3 step ladder

line 31: repetition of 'salient'-Addressed

line 40: use [] sic to indicate where the verbatim does not make sense eg 'stuff' rather than staff-Addressed

line 45-49: that trained nurses had no clue about ca cervix is an important finding and needs to be included in your outcomes-Addressed

Page 8 line 30: again the verbatim needs to be clarified-Addressed

line 55: is PC being confused with treatment?-Addressed

Page 9 line 21: salient used again-Addressed

line 19: more detail needs to be included about the existing national PC policy and why it is not implemented. This reads as if there is no PC policy-Addressed

line 58: fewer than what?-Clarified

Page 10 line 34: this is the first time there is mention of stigma related to ca cervix rather than generalised oncology...very relevant so needs to be included in results-Addressed

line 42-45: repetitive from statements above-Addressed

line 54-55: ca cervix identified as death sentence not previously mentioned. Suggest clarification throughout as to what is advanced, incurable or simply a diagnosis-Addressed

Page 11 line 7: misleading about hospices. Use hospice home based care? This section requires reworking to avoid fitting into the references that are used.-Section worked on to clarify as suggested
line 20: if there are 78 health workers interviewed and 1% has referred for palliative care, that is less than 1 participant...clarify- Clarified, 1/78=1.23 and this is just one health worker and so the results were adjusted to reflect this.

line 28-31: refer to national PC policy document- Reference made as suggested

Thank you for all the constructive comments and for considering our manuscript for publication in your most esteemed journal.

Yours faithfully,

Oscar Tapera
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