

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	A retrospective analysis of factors associated with selection of end-of-life care and actual place of death for cancer patients
<b>AUTHORS</b>	Kondo, Shunsuke; Shimazu, Taichi; Morizane, Chigusa; Hosoi, Hiroko; Okusaka, Takuji; Ueno, Hideki

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Amy T Page University of Western Australia, Australia
<b>REVIEW RETURNED</b>	27-Nov-2013

<b>GENERAL COMMENTS</b>	<p>Study protocol was approved by the Institutional Review Board of the NCCH, Tokyo, Japan and funding details given. No mention of checklist.</p> <p>Patient signed informed consent. No mention of ethics.</p> <p>"All patient characteristics and background factors were analysed using the logistic regression analysis" - I am concerned that there was no selection of variables to only those that may be relevant rather than analysing every variable. The lack of clarity around the selection of details has resulted in a lack of clarity around the discussion.</p> <p>The analysis looked at multiple and broad factors inclusive of everything, whereas the paper focused on an objective and statement around CAMs. The paper needs to be focused more on its intentions.</p> <p>Factors influencing the preferred place of death is a really important research topic as it has the potential to make such a lasting impact on the palliative patient and their family. However, this article needs to be a little more focused.</p>
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<b>REVIEWER</b>	Andem Effiong Health, Education, Research, and Outreach (HERO) Network, LLC United States of America (USA)
<b>REVIEW RETURNED</b>	15-Dec-2013

<b>GENERAL COMMENTS</b>	<p>(1) Title should be shortened for clarity. A more concise title will encourage readership.</p> <p>(2) Background section of Abstract is not coherent. It should be substantively revised.</p> <p>(3) For lay readers, was CAM use associated with lower or greater</p>
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	<p>odds of selecting PCU as POD? The extent of association between exposure to CAM and POD should be clearly stated in the Results section of Abstract.</p> <p>(4) Authors make two contradictory assertions in the Conclusion section of Abstract. On the one hand they state the following: "Patients who pursue aggressive anti-cancer therapies, such as CAM use, were possibly deprived chance of early reference to the palliative care unit." On the other other hand they state the following: "In the clinical settings, these factors help to create a better treatment environment for patients in the terminally ill phase." How does CAM help to create a better treatment environment for patients in the terminally ill phase, when its use as end-of-life care "causes loss of opportunity to select palliative care units as place-of-death in Japanese cancer patients?" Furthermore, authors state in Introduction section that..."an estimated 40-60% of adult cancer patients use CAM, although it does not provide definite survival benefit and its users report clinically poor QOL [11].</p> <p>(5) Some sections of the paper are well written, while other sections are poorly written with no clear topic sentences.</p>
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### VERSION 1 – AUTHOR RESPONSE

Reply to reviewer (Prof. Amy T Page)

\*Study protocol was approved by the Institutional Review Board of the NCCH, Tokyo, Japan and funding details given. No mention of checklist. Patient signed informed consent. No mention of ethics.

Author's reply

We checked the box on the form.

\*\*All patient characteristics and background factors were analysed using the logistic regression analysis" - I am concerned that there was no selection of variables to only those that may be relevant rather than analysing every variable. The lack of clarity around the selection of details has resulted in a lack of clarity around the discussion.

The analysis looked at multiple and broad factors inclusive of everything, whereas the paper focused on an objective and statement around CAMs. The paper needs to be focused more on its intentions.

Author's reply

In multivariate logistic regression analyses, we performed after univariate analyses to reveal strong correlations factors with POD or EOL care. In table 2 and 3, we showed the only factors that reveal statistically significant. So we deleted the results of univariate analyses of the table 2 and 3. Moreover, we added the sentence "Table 3 shows the results of multivariate analyses using significant factors after performed univariate analyses, associated with EOL care selection." at line 2 on 7 page.

Reply to reviewer (Prof. Andem Effiong)

Please state any competing interests or state 'None declared': None declared

\*Title should be shortened for clarity. A more concise title will encourage readership.

Author's reply

The reviewer pointed out, we changed the title to "A retrospective analysis of factors influenced selection of end-of-life care and actual place of death for cancer patients."

\* Background section of Abstract is not coherent. It should be substantively revised.

Author's reply

The reviewer pointed out, we rephrase clearly and showed the below.

"The factors associated with between end-of-life (EOL) care that cancer patients selected and actual place of death is less elucidated. We clarified how specific EOL care, especially anti-cancer therapies, selected by pancreatic carcinoma patients affected their POD in Japan."

\*For lay readers, was CAM use associated with lower or greater odds of selecting PCU as POD? The extent of association between exposure to CAM and POD should be clearly stated in the Results section of Abstract.

Author's reply

We showed the CAM user associated lower odds of PCU selection as POD. We had had great mistake in the table 2. So we rephrased the odd ratio of CAM user and patient with selecting BSC as EOLC in the table 2.

\*Authors make two contradictory assertions in the Conclusion section of Abstract. On the one hand they state the following: "Patients who pursue aggressive anti-cancer therapies, such as CAM use, were possibly deprived chance of early reference to the palliative care unit." On the other other hand they state the following: "In the clinical settings, these factors help to create a better treatment environment for patients in the terminally ill phase." How does CAM help to create a better treatment environment for patients in the terminally ill phase, when its use as end-of-life care "causes loss of opportunity to select palliative care units as place-of-death in Japanese cancer patients?" Furthermore, authors state in Introduction section that..."an estimated 40-60% of adult cancer patients use CAM, although it does not provide definite survival benefit and its users report clinically poor QOL [11].

Author's reply

The reviewer pointed out, the discrepancy of phrases made us perplexed. We cut the sentence "In the clinical settings, these factors help to create a better treatment environment for patients in the terminally ill phase" in the conclusions of abstract and discussion.

(5) Some sections of the paper are well written, while other sections are poorly written with no clear topic sentences.

Author's reply

The manuscript was proofread by native English speakers again.

### VERSION 2 – REVIEW

<b>REVIEWER</b>	Amy Page University of Western Australia, Australia
<b>REVIEW RETURNED</b>	01-Feb-2014

<b>GENERAL COMMENTS</b>	<p>Second paragraph under the heading data extraction: reference to "institutions" though previously mentioned in limitations that there is only one hospital involved. Needs clarity</p> <p>The discussion has entire paragraphs that do not refer to your results. The discussion needs to be tidied up.</p>
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## VERSION 2 – AUTHOR RESPONSE

Reply to reviewer (Prof. Amy T Page)

\*Second paragraph under the heading data extraction: reference to "institutions" though previously mentioned in limitations that there is only one hospital involved. Needs clarity

Author's reply

We change the sentence on page 4, line 1.

"In this study, we defined PCU as the institute has been covered by National Medical Insurance since 1990 and play a central role in providing specialized palliative care services to cancer patients."