

Peer Review File

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Reviewer Comments

Reviewer A

Comment 1

The authors took the initiative to present the perspective of oncology nursing in several Asian countries, highlighting the situation in each country.

Concretely beneficial for the reader were:

- The situation in Indonesia, where results of surveys, research-related challenges, concrete challenges were specifically presented. Suboptimal care was concretely presented.
- The situation in Thailand: The conduct of a self-assessment scale, concrete presentation of training programs, the presentation of challenges, background, and recommendations (Table) presented by Thailand is instructive to readers
- The situation in India: concrete situation of services (CAVD, PICC, TPN...)

Reply 1

Thank you for the positive feedback about these aspects.

Comment 2

A more aligned presentation among countries (country specific situation, country specific challenges etc would be of benefit to the readers, including a similar more advanced presentation of challenges, opportunities, and countermeasures as was presented by Thailand.

Reply 2

We have attempted to align the presentations as suggested by the reviewers; however it is important to note that countries are at different points in the development of oncology nursing and not all countries have the same data and experiences which can be presented. It is important to reflect the approaches which are aligned with the respective countries.

Comment 3

The discussions' section and the whole manuscript would benefit to be expanded as a deeper and broader section (e.g. in which aligned challenges – background – recommendations specific the Asian region would be further considered and proposed).

Reply 3

The discussion section has been rewritten based on the suggestions offered by the reviewer.

Comment 4

Also, the role and benefit of associations in each country as well as the AONS would

benefit to be further discussed, including what has, will and would benefit to be achieved from an Asian perspective.

Reply 4

Additional description about the organizations has been inserted into the discussion. Cross-cutting factors have been identified.

Comment 5

Where possible, relevant references should be added where authors refer to official or governmental documents (e.g. line 135, 142, 165-166...)

Reply 5

Additional references have been added for the official organizations and documents.

Reviewer B

Comment 1

Thank you for the opportunity to read and review this manuscript looking into Oncology Nursing as a profession in Asia. I found it very interesting and very informative; I believe the readership of the journal will benefit from this too.

Reply 1

Thank you very much for the positive reflection on our manuscript.

Comment 2

The main issue that I would suggest the authors considered to include, perhaps in the discussion section is about drawing a little bit more on the three key areas that were mentioned in each of the reflective pieces for each participating country: education, clinical practice and research. I see leadership being part of each of these domains, and in each of these countries there have been different levels of advancement in each area. Some have not clearly mentioned research - this can be commented. Challenges in each of the countries are considered, in some these are more clearly stated (eg., in India these are not very clear). Then a conclusive statement that perhaps can make a suggestion for the way forward would be good to be included.

Reply 2

The discussion section has been expanded and the significant factors in the development of the specialty in Asia have been isolated.

Comment 3

I have some minor suggestions to further strengthen the work presented:

L86: scarce resources

p6, l131: can you explain what these are?

Reply 3

The descriptor 'human and infrastructure' was added to clarify.

Comment 4

p8, l203: suboptimal follow-up care: can you give an example? And the same for the next statement for palliative care.

Reply 4

Sentences have been added to further explain what is meant by use of the word suboptimal.

Comment 5

p8, l212: language barriers: do you mean that much of the evidence is written in English and nurses do not speak the language, or that there are multiple spoken languages within Indonesia which creates an additional challenge? Please clarify.

Reply 5

Sentences have been added to further explain what the situation is regarding English fluency by nurses.

Comment 6

p8, l214-5: this can be argued for many places around the world. Even in the UK not everyone will publish their work. So, I don't know how strong the argument is. Perhaps state sth about the lack of research culture/ mentality, that it should be embedded in our practice, instead of being considered an "add-on" for the few privileged.

Reply 6

Thank you for your comment. We wanted to describe the situation reality in the respective countries, so have left the observation that little publishing has occurred from these nurses. However, we added a comment and research utilization.

Comment 7

p15, l366: CVAD - please state in full first

Reply 7

This was done.

Comment 8

p16, l405: ref missing

Reply 8

The references were updated, and this error was corrected.