

Peer Review File

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Reviewer Comments

Congratulations to the authors for attempting to characterize the state of oncology nursing in the low human development index (HDI) settings in the EMR. As the authors note, there is limited information about the cancer burden, oncology care, oncology nursing education and oncology nursing practice in these settings. Their approach to filling this void using narrative inquiry is novel. I appreciate the challenges associated with finding key informants, interviewing them, and developing a manuscript from the information obtained. I have several suggestions to strengthen the manuscript.

Thank you for your kind comments

1. The manuscript would benefit from editing. Some lines are missing punctuation or don't make sense (e.g., line 257-258, line 384 "rising increase", line 521 "hygiene and oral care", line 598 "The poor suffer most globally" – should be "Globally, the poor...", line 608-609 "centres for cancer prevention and treatment" – probably should be cancer early detection and treatment, line 627-628, line 283 "good communication" – clear/effective communication?).

Apologies. This has now been completed throughout

Page no. (clean version): All

Certain passages, which are NOT quotes or content derived from the interviews, read more like an editorial than a narrative review.

Thank you; we reconsidered 'narrative inquiry review' following the editor's comments and having stated that this is a perspective piece at the start of the article and now we have deleted 'narrative review' as our paper, does not strictly fulfil 'narrative review' criteria.

In addition, We have added, e.g. 'xxx stated' and made clear that that the text is derived from the interview.

Page no. (clean version): 'stated' and 'told that' p9

Where the information does not read as stemming directly from the scoping review or interviews e.g. these resources are not used for the good of the Afghan people (which did come one of the nurses), the text has been deleted. The deleted sections are highlighted in the tracked changes version

Page no. (clean version): See yellow highlighted deleted sections in tracked version

2. Use of the same sub-headings for each country would help the reader more easily navigate the article.

Agreed – the subheadings are now consistent and allow for different answers and details from the 4 countries

Page no. (clean version): All headings

3. Information about the country's cancer burden, health system (public/private/both), the cancer treatments are available (only surgery? radiotherapy? chemotherapy? WHO essential medicines?), whether public system covers cancer care (doubtful!), and basic nursing education system is included for

some countries but not others. When this information is included, it's sometimes scattered throughout the narrative. This information, if available, would be useful for the nurse who is not steeped in global cancer care as it lays the groundwork for understanding the role of the oncology nurse in this setting. If the information is not available (which I understand it likely is not), it would be helpful to know this too. Perhaps this could be placed in a table for easy reference?

This has been carried out and improves the flow of the paper – thank you for this comment; this format now reflects one other article in the series.

These data have now been deleted from the text and the Figures 1-e are under the country heading.

4. I am not sure the average reader would know what is meant by the following: “push factors”, “shop floor” clinical nurses or the August 4th explosion and its devastating impact in Beirut.

Thank you. These phrases have been explained rather than deleted - for the global readership

5. Please include how the interviewees were selected.

Yes – this has been included near in the introduction to the article – selected purposively.

Page no. (clean version): P 4

6. Some specific questions:

- a. Line 133-134 – suggested solutions – what are they?

The IARC report serves as a basis for information sharing and cooperation and thus suggested solutions are huge tasks. We have therefore changed ‘Suggested approaches to improve cancer control in EMR’ and examples are now given in the text.

Page no. (clean version): P5

- b. Lines 263-267 – not sure who “they” is referring to – nurse leaders? Interviewees?

Thank you. This has been changed to, ‘The interviewees recount....’

Page no. (clean version): P10

- c. Lines 450-453 – citations are old – has situation changes any in the

Yes – We feel these references are still relevant as evidence was scanty and changes are covered with the final sentence in the paragraph:

“Recently a palliative care association was instituted under the Order of Nurses’ umbrella. It is anticipated this new association will encourage young nurses to pursue their higher education in the field of oncology and palliative care”

Page no. (clean version): P14

- d. Line 485 – is there any cancer care at this hospital?

This section has been updated as we heard from the nurse and doctor we interviewed in Somaliland that chemotherapy services had started in a neighbouring hospital to EAUH - for those able to pay

- e. Line 553 unclear

Thank you. This has been updated and clarified to: ‘Women with advanced lesions suspicious of cervical cancer were previously sent to gynaecologists in-

country for further investigation (i.e. biopsy) to assess and decide on treatment from cancer specialists outside Somaliland. Now.....’