Dear reviewers,

Thank you for taking the time to review our manuscript. Please see my responses below. We have updated the manuscript based on your feedback.

(4) *Special requirements for tables*:

-our table order was updated

-table names were updated to roman numerals (i.e. Table 2 is now Table II)

- *P*, *n*, and *vs* were stylized as such

(5) *Special requirements for references*:

-PMIDs were added

-articles without PMIDs or doi's have attached screenshots in this document (see below)

-brackes [ ] were added to all references

Response to Reviewer #1:

-While patient-facing health services interventions are crucial, adopting them to manage cancer deaths is a political decision. Cost assessment is essential for government policy making. Although this review emphasizes EBM, there is little mention of cost effectiveness. If the authors have enough power for revision, please add descriptions for cost-effectiveness.

-Our current paper contrasts high income (primarily US) and LMIC literature to underscore the differences in resources between these countries. I have added some commentary on cost-effectiveness, however we did not discuss this extensively as i) cost-analyses have not been performed on many of the interventions included in the review and ii) we wanted the focus of this article to be the interventions and their effectiveness rather than on the policy and economics of each intervention. We appreciate the commentary and the paper has undergone minor modifications based on this input though I think a complete commentary on the cost of each intervention would be beyond the intended scope of the review.

-Abstract is insufficient. It seems to be the introduction of the paper, and it is not a summary of the contents. Please fix it.

-The abstract was overhauled on the revised version of the manuscript.

Response to Reviewer #2:

-We appreciate the comments and input of the reviewer.

Articles without PMIDs that have doi's

#2 Prager GW, Braga S, Bystricky B, et al. Global cancer control: Responding to the growing burden, rising costs and inequalities in access. *ESMO Open*. 2018;3(2). doi:10.1136/esmoopen-2017-000285

Open Access Original research

ESMO Open Cancer Horizons

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Global cancer control: responding to the growing burden, rising costs and inequalities in access

Gerald W Prager,[1] Sofia Braga,[2] Branislav Bystricky,[3] Camilla Qvortrup,[4] Carmen Criscitiello,[5] Ece Esin,[6] Gabe S Sonke,[7] Guillem Argilés Martínez,[8] Jean-Sebastian Frenel,[9] Michalis Karamouzis,[10] Michiel Strijbos,[11] Ozan Yazici,[12] Paolo Bossi,[13] Susana Banerjee,[14] Teresa Troiani,[15] Alexandru Eniu,[16] Fortunato Ciardiello,[17] Josep Tabernero,[18] Christoph C Zielinski,[19] Paolo G Casali,[20] Fatima Cardoso,[21] Jean-Yves Douillard,[22] Svetlana Jezdic,[22] Keith McGregor,[22] Gracemarie Bricalli,[22] Malvika Vyas,[22] André Ilbawi[23]

To cite: Prager GW, Braga S, Bystricky B, *et al*. Global cancer control: responding to the growing burden, rising costs and inequalities in access. *ESMO Open* 2018;**3**:e000285. doi:10.1136/esmoopen-2017-000285

Received 5 October 2017
Revised 5 January 2018
Accepted 8 January 2018

ABSTRACT

The cancer burden is rising globally, exerting significant strain on populations and health systems at all income levels. In May 2017, world governments made a commitment to further invest in cancer control as a public health priority, passing the World Health Assembly Resolution 70.12 on cancer prevention and control within an integrated approach. In this manuscript, the 2016 European Society for Medical Oncology Leadership Generation Programme participants propose a strategic framework that is in line with the 2017 WHO Cancer Resolution and consistent with the principle of universal health coverage, which ensures access to optimal cancer care for all people because health is a basic human right. The time for action is now to reduce barriers and provide the highest possible quality cancer care to everyone regardless of circumstance, precondition or geographic location. The national actions and the policy recommendations in this paper set forth the vision of its authors for the future of global cancer control at the national level, where the WHO Cancer Resolution must be implemented if we are to reduce the cancer burden, avoid unnecessary suffering and save as many lives as possible.

INTRODUCTION

demographic changes, such as ageing of the population, and increasing exposure to risk factors. However, health systems, particularly those in LMICs, are not well prepared or equipped to manage this growing burden, and current budgetary allocation and global resource mobilisation are markedly insufficient. While an estimated 60% of cancer cases occur in LMICs, only 5% of global spending on cancer is directed to these countries.[3] Furthermore, only 1% of global health financing is directed to non-communicable diseases (NCDs), which include cancer, and is vastly disproportionate to the actual NCD burden.[4] The growth in oncology cost is expected to rise 7%–10% annually throughout 2020, when global oncology costs will exceed $150 billion.[5]

The consequence has been significant physical, financial and emotional strain on individuals and families suffering from cancer around the globe. Prolonged disability and premature mortality have a substantial economic impact. The high direct and indi-

#38 Riogi B, Wasike R, Saidi H. Effect of a breast navigation programme in a teaching hospital in Africa. *South African J Oncol*. 2017;1:6. doi:10.4102/sajo.v1i0.30.

#39 Vasconcelos CTM, Pinheiro AKB, Pinheiro AIO, Lima TM, Barbosa D de FF. Comparação da eficácia de interveneções na taxa de retorno para recebimento do laudo colpocitológico: Estudo experimental randomizado controlado. *Rev Lat Am Enfermagem*. 2017;25.

doi:10.1590/1518-8345.1337.2857.

Rev. Latino-Am. Enfermagem
2017;25:e2857
DOI: 10.1590/1518-8345.1337.2857
www.eerp.usp.br/rlae

Artigo Original

Comparação da eficácia de intervenções na taxa de retorno para recebimento do laudo colpocitológico: estudo experimental randomizado controlado[1]

Camila Teixeira Moreira Vasconcelos[2]
Ana Karina Bezerra Pinheiro[3]
Ana Izabel Oliveira Nicolau[4]
Thaís Marques Lima[4]
Denise de Fátima Fernandes Barbosa[5]

Objetivo: testar os efeitos de uma intervenção comportamental (GCP), educativa (GE) e outra de comparação (GCA) na adesão das mulheres à consulta de retorno para receber o laudo do exame colpocitológico. Métodos: estudo experimental randomizado controlado em uma Unidade de Atenção Primária à Saúde com três grupos: GE (sessão educativa e demonstração do exame), GCP (fita lembrança) e intervenção-padrão (cartão contendo a data da consulta de retorno – lembrete gráfico), aqui denominado de grupo de comparação (GCA). Para a seleção da amostra, estabeleceu-se: ter iniciado atividade sexual e realizar o exame colpocitológico durante o estudo, resultando em 775 mulheres. Resultados: dentre as 775 mulheres, 585 (75,5%) retornaram para receber, o resultado do exame com até 65 dias. O grupo educativo apresentou o maior percentual de retorno (GE=82%/GCA=77%/GCP=66%), com significância estatística apenas quando comparado ao comportamental (p=0,000). O grupo educativo obteve menor intervalo (p<0,05) da média de dias de retorno para receber o resultado do exame (GE:M=43dias/ GCP:M=47,5dias/GCA:M=44,8 dias). Conclusão: o grupo educativo atingiu proporções maiores de retorno, e as mulheres retornaram mais precocemente, porém a intervenção comportamental mostrou-se a menos eficaz. Registro Brasileiro de Ensaio Clínico: RBR-93ykhs.

Descritores: Estudos de Intervenção; Teste de Papanicolaou; Neoplasias do Colo do Útero;

,#65 Helzlsouer KJ, Appling SE, Gallicchio L, et al. A Pilot Study of a Virtual Navigation. 2016;7(7).

VIRTUAL NAVIGATION

A Pilot Study of a Virtual Navigation Program to Improve Treatment Adherence Among Low-Income Breast Cancer Patients

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Background: Socioeconomic disparities negatively impact completion of adjuvant breast cancer treatment. Navigation programs may improve treatment completion but may not be accessible to all patients, especially in low-resource communities.

Objectives: A randomized trial was conducted to determine if access to a web-based navigation program improved adjuvant breast cancer treatment completion among low-income patients.

Methods: Patients (N = 101) were recruited, randomized to either web-based information access only (comparison arm) or to the web-based navigation program with nurse/social worker support (intervention arm) and were given a netbook computer, training, and Internet access. Adherence to recommended chemotherapy, radiation therapy, and/or initiation of hormone therapy was assessed by medical record review (available for 48 patients on each study arm). Baseline characteristics and results were compared by study arm using *t* test, chi-square test, Fisher's exact test, and Poisson regression analyses.

Results: The majority of participants were unemployed or on disability (68%) and were nonwhite (67%). Those randomized to the intervention had lower education levels and were slightly older than those on the comparison arm ($P = .04$). Two patients on the intervention arm refused part or all recommended treatments and 6 patients on the comparison arm refused some or all recommended treatments ($P_{adj} = .08$ for number of treatment refusals).

Discussion: Treatment completion was improved with navigator interaction compared with information access alone, but the difference was not statistically significant. Absolute benefit compared with usual care should be evaluated in a randomized trial.

#90 World Palliative Care Alliance. *Global Atlas of Palliative Care at the End of Life*.; 2014. http://www.who.int/cancer/publications/palliative-care-atlas/en/.

wpca
worldwide palliative care alliance

World Health Organization

Global Atlas of Palliative Care at the End of Life

Articles with PMIDs without DOIs

#105

Ma GX, Lee M, Beeber M, et al. Community-Clinical Linkage Intervention to Improve Colorectal Cancer Screening Among Underserved Korean Americans. *Cancer Heal disparities*. 2019;3:e1-e15. http://www.ncbi.nlm.nih.gov/pubmed/31528846. Accessed April 11, 2020. PMID: 31528846

HHS Public Access

Author manuscript

Cancer Health Disparities. Author manuscript; available in PMC 2019 September 16.

Published in final edited form as:

Cancer Health Disparities. 2019 ; 3: e1–e15.

Community-Clinical Linkage Intervention to Improve Colorectal Cancer Screening Among Underserved Korean Americans

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Abstract

Korean Americans report the lowest and declined rates of colorectal cancer (CRC) screening, compared to general population in the United States. The present study aimed to evaluate the efficacy of a community-based multifaceted intervention designed to improve CRC screening among Korean Americans. A cluster-randomized trial involving 30 Korean church-based community organizations (n = 925) was conducted. Fifteen churches were assigned to intervention (n=470) and the other 15 to control (n = 455) groups. Main components of the intervention included interactive group education, patient navigation, physician engagement, and provision of fecal immunochemical test (FIT) kit. CRC screening rates were assessed at a 12-month follow-up. Participants in the intervention group were significantly more likely to receive CRC screening (69.3%) as compared with those in the control group (16%). The intervention was particularly effective in promoting FIT among the more disadvantaged individuals in the Korean American

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Conflict of interest statement

The author has declared that no competing or conflict of interests exist. The funders had no role in study design, writing of the manuscript and decision to publish.

#122 Li X, Zhang Y, Gao H, Sun X, Lv W, Xu G. The Value of Extended Nursing Services on Patients with Bladder Cancer after Endoscopic Bladder Resection. *Iran J Public Health*. 2016;45(1):48-53. http://www.ncbi.nlm.nih.gov/pubmed/27057521. Accessed February

19, 2020. PMID: 27057521

Iran J Public Health, Vol. 45, No.1, Jan 2016, pp.48-53

Original Article

The Value of Extended Nursing Services on Patients with Bladder Cancer after Endoscopic Bladder Resection

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(Received 05 Aug 2015; accepted 21 Nov 2015)

Abstract

Background: In this study, specific measures of extended nursing services and its values on patients with bladder cancer after endoscopic bladder electrosection were examined.

Methods: Sixty-six patients diagnosed with bladder cancer in Laiwu People's Hospital(NO. 001, Xueyehu Street, Changshao Road, Laiwu, Shandong, China) between February 2012 and February 2014, and underwent endoscopic bladder electrosection were enrolled in the study. Patients were randomly allocated into the control group (n=30 cases) or the observation group (n=36 cases) according to the order of hospitalization. Conventional nursing measures were given to the control group while extended nursing service measures were given to the observation group, and the differences of nursing effect were compared.

Results: The occurrence rate of postoperative complications within the hospital for the observation group was significantly lower than that of the control group, as was the length of hospital stay. The nursing service satisfaction was also significantly improved within the observation group. These differences were statistically significance ($P<0.05$). The anxiety and depression scores for the observation group were significantly lower than that of control group and these differences were also of statistical significance ($P<0.05$). The follow-up compliance after hospitalization for the observation group was significantly enhanced, quality of life scores were significantly improved, and both differences were of statistical significance ($P<0.05$).

Conclusion: Extended nursing service improves the effect and long-term prognosis of patients with bladder cancer after undergoing endoscopic bladder electrosection.

Keywords: Extended nursing service, Bladder cancer, Endoscopic bladder electrosection

Introduction

Bladder cancer ranks first among all tumors of the urinary system in terms of morbidity and mortality rate (1). Therapeutic treatment includes traditional surgery, cystoscopy or laparoscopy micro invasive operation and chemotherapy. Most patients still require post chemotherapy treatment after the operation to enhance tumor apoptosis rate and improve survival and prognosis. Cystoscopy is widely applied in the diagnosis, therapy and review of tumors, which has the advantages of being a simple operation with minimal trauma, quick recovery and high accuracy. However, bladder cancer itself strikes a serious blow to patients, and it significantly lowers the quality of life with the ad-