Authors’ response to reviewers

Reviewer #1:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision

Specific Comments to Authors:
This is an original study examining disruptions cancer patients’ care in Beirut, Lebanon. The researchers administered a questionnaire to assess healthcare and psychological impacts of Lebanon’s economic crisis. The manuscript is well written. Below are suggestions to strengthen the manuscript. 1. The suicide question is not mentioned in the Methods. What question was used to assess this? Was there a protocol in place to assist patients who reported suicidal thoughts?

Authors’ response: Thank you for the positive feedback. Regarding the suicide question, patients were asked if they had had any suicidal thoughts during the past 3 months and had to answer with yes or no. We have added the Arabic and English version of the questionnaire in the supplemental material. Patients who report suicidal thoughts are referred to a psychiatrist who consults in the same hospital. Unfortunately, psychiatry consultations are not covered by any third-party payer in Lebanon and few patients actually presented to their appointments. We added one sentence to discuss this issue in the discussion section (at the end the paragraph starting with ‘in regards to suicide’)

2. The Discussion section could be strengthened by including more specific details and possible explanations for the study findings. For example: a. Please explain what was found by the Elias F. & al. in the reference cited, and discuss the relevance to the present study.

Authors’ response: We have added one paragraph in the discussion section to elaborate he findings of Elias F et al as follows:
‘A study previously published by Elias et al. in 2016 shed the light on the burden of cancer treatment taken in charge by the government between 2008 and 2013. The ministry of public health has been always taking in charge cancer medication for all patients who do not have private insurances, bearing 6475 USD per patient as an average over the five years. Interestingly, this cost was exponentially increasing during the period of the study. This was translated into an excellent compliance of the patients to the treatment program. Our investigation revealed that since 2019, cancer drugs are no more covered by the ministry of public health due to the collapse of the government’s financial structure, forcing our patients either to pay out of pocket or to interrupt their treatment.’
b. The authors state, “Surprisingly, no significant relationship emerged between skipping appointments due to financial issues and total household income.” Please include a discussion of what could explain this finding.

Authors’ response: This finding could imply that affording medical expenses is difficult, even for people with a better income, possibly because they are now paying out of pocket in the absence of a third-party coverage. A phrase has been added to explain this issue.

c. The authors state, “This discrepancy raises queries about the sources of suicidal thoughts beyond mental health concerns…” Please include details about other possible sources of suicidal thoughts.

Authors’ response: According to the World Health Organization, although suicide is tightly linked to mental health conditions such as depression, many suicidal attempts are reported in situations of crisis (financial difficulties, interpersonal problems, chronic illness) without previous mental health disorder, related to an impaired ability to deal with life stress (https://www.who.int/news-room/fact-sheets/detail/suicide). This applies to Lebanese cancer patients. We have added a paragraph in the discussion section to elaborate this.

d. In section that states, “Addressing these multifaceted issues demands a comprehensive approach, integrating economic reforms, healthcare policy revisions, and tailored mental health interventions for better patient outcomes in this challenging landscape” please include more specific detail on possible economic and healthcare policy reforms, and how to tailor mental health interventions.

Authors’ response: We have included details on possible policy reforms as follows:

‘This could be achieved for example by promoting local potential and local manufacturers, standardizing medical consultation tariffs and private insurance packages and implementing the national mental health strategy visioned for 2023-2030 without delay [reference]. A better supervision of healthcare structures and parties by the government is needed to identify corruption, and a wider cooperating with the private sector to shift medical aids towards most deprived patients.’

3. The format of the tables could be revised to display the relevant information more clearly. Refer to other published manuscripts for standard table formats.

Authors’ response: We have revised and reformatted our tables as per the journal’s guidelines.

4. More citations should be included to support the points made in the Intro and Discussion.

Authors’ response: Thank you for this remark. We have cited additional pertinent references in the introduction and discussion sections.
Reviewer #2:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision
Specific Comments to Authors:
The manuscript is well, concisely, and coherently organized and presented "The authors mention that their hospital serves approximately 15% of the Lebanese population. Could you estimate the proportion of cancer patients your center treats at the national level?"

Authors’ response: Thank you for your kind review. Our center treats around 20% of cancer patients at a national level. We have included this information in the introduction section of the manuscript.

Also, would it be possible to include the questionnaire used in your study?

Authors’ response: We have included the questionnaire in the supplemental material.

Regarding the PHQ4, could you please define what this abbreviation stands for, or alternatively list the four items it encompasses from the start?

Authors’ response: PHQ-4 stands for Patient Health Questionnaire-4. This is noted in the materials and methods sections where the term appeared the first time in the manuscript. We have included the detailed questionnaire with its 4 items in the supplemental material.

It's crucial to pursue psychological assessments and potentially follow up with a psychiatrist for patients experiencing distress. Does your outpatient center offer these services?

Authors’ response: Patients who report suicidal thoughts are referred to a psychiatrist who consults in the same hospital. Unfortunately, psychiatry consultations are not covered by any third-party payer in Lebanon and few patents actually presented to their appointments. We added one sentence to discuss this issue in the discussion section (at the end the paragraph starting with ‘in regards to suicide’)

In your study, is the intern who completed the questionnaire listed as a co-author?

Authors’ response: Yes. We have included this information in the materials and methods section.

Regarding the cost differences, a tertiary private hospital is typically more expensive than a secondary one. Could you discuss this aspect? Might the situation be more dire
in hospitals with less support, or conversely, less severe in hospitals where costs are lower?

Authors’ response: This is absolutely reasonable. We think that patients’ financial situation might be different and less tough in secondary hospitals where costs are usually lower, but we believe that our results could still be extrapolated to the global population, since cancer care in Lebanon is mainly concentrated in tertiary university hospitals and far less provided by secondary ones. Moreover, cancer management would be less optimal in secondary centers with the financial deterioration we are witnessing. We have added a paragraph to discuss this issue in the discussion section.

Concerning the health system in Lebanon, the Ministry of Public Health and CNSS are public healthcare. Could you provide more details on the expenses covered by the patient versus those covered by the CNSS and the Ministry? Additionally, would combining the coverage for public patients with that for private patients (to pay for their medication), particularly for medication costs, be a more effective approach?

Authors’ response: Details on the expenses covered by each third-party payer have been added as follows in the discussion section: ‘Of note, the CNSS used to cover almost 90% of health expenses before the crisis, while only 10% remained on the charge of the patient, whereas the Ministry of public health used to take in charge all the expenses of patients who do not have any other coverage mean. However, these policies were subject to perpetual changes since the beginning of the inflation and with the daily change in currency rates. Some measures included tightening the area of coverage’. As for combining coverage of the public and private section, this can effectively be a reasonable alternative and probably a solution. We have added the following statement in the discussion: ‘A better supervision of healthcare structures and parties by the government is needed to identify corruption, and a wider cooperating with the private sector to shift medical aids towards most deprived patients.’

Of course, here's a revised version of your text for improved clarity and coherence: "In the discussion, conclusion, or introduction sections of your paper, please consider including the following concepts: 1. The strain on the socioeconomic health system in Lebanon extends beyond cancer to other diseases. Could you mention one or two specific examples of these diseases? Example Could the re-emerging practice of wild boar hunting linked to the recent economic crisis lead to new outbreaks of trichinellosis in Lebanon?.. Khalil G, Marty P, Hage K, Sfeir S, El Hage J, Bou Assi T, Rassam M, Pomares C & Mikhael E. Parasite 2022, 29, 11.

Authors’ response: We have included a phrase to elaborate this concept in the introduction before moving to the specific case of cancer patients: ‘This strain on the socioeconomic health system impacted patients’ care in various fields (infectious disease, cardiovascular disease and others)’, with the appropriate citations.

2. Is there a presence of telethons on your national TV channels aimed at supporting cancer patients? If so, what has been the positive impact on patients from these
telethons? 3. Does the Lebanese diaspora play a role in assisting cancer patients? It would be beneficial to explore and elaborate on this aspect of support.

Authors’ response: Yes, telethons have been organized to support cancer patients and organizations financially, and the Lebanese population counts on incomes from the Lebanese diaspora for support. Both these issues have been elaborated at the end of the discussion section as follows: ‘In the meantime, patients will still rely on individual donations, fundraisings organized on social media, telethons planned every while to support cancer patients or cancer organizations and the remittances provided by the Lebanese diaspora who has always played a role in supporting the local population.’

Authors’ response to the editors:

The abbreviations, tables, figures and references have been revised as per the editorial’s guidelines. A specialist in biostatistics has reviewed our statistics and provided a Biostatistics Review Certificate. Authors opted to omit the last table after the statistics review since no significant relationship was finally found between household size and PHQ-4 results. We have also submitted the revised manuscript for English language review.