

# Review of: "Implementation of the Adult Oncology Unit at Muhimbili National Hospital (MNH)"

Atílio Morais<sup>1</sup>

<sup>1</sup> Maputo Central Hospital

**Potential competing interests:** No potential competing interests to declare.

The report does not follow any skeleton of research protocols, but brings to the table important issues about setting up unity in oncology, especially in power countries such as Tanzania and surrounding countries.

My suggestions:

- 1 - The title could be "Establishing Oncology Units in Underdeveloped Countries: A Case Study of Muhimbili National Hospital in Tanzania."
- 2 - Pay attention to the discrepancy between the text and the figures of cancer incidence (colorectal 18%, liver 12%, lung/prostate 10%, and esophagus/cervix 8%).
- 3 - As an informative manuscript, delete "Methodology," which brings you to confusion between the "objectives of the study" and the "objectives of implementation of the oncology unit."
- 4 - Clarify when the implementation of the unit started and the costs associated with that (important details for other countries that want to do the same).
- 5 - Prior to the implementation, to have the reality in resources, one important guide is the "The Cancer Units Assessment Check-list for Low- or Middle-Income African Countries."
- 6 - Please avoid the term "high quality care" in Africa; we are far from reaching that, especially in the oncology field. Better to use "standard care" or "recommended care."
- 7 - If MNH is the referral hospital, it is better to say "improving cancer care" among the people covered by this hospital, instead of "improving cancer care in Tanzania."

My questions:

- 1 - On the "patients benefits," does "reducing waiting times" include the patients waiting for surgical intervention?
- 2 - On the "institution benefits," the revenues are coming from the food? So, on the oncology unit, the food is payable?

