

Review of: "Chemical Pleurodesis in Palliative Setting: A Brunei Experience"

Daniel French

Potential competing interests: No potential competing interests to declare.

The authors describe their initial experience as palliative care physicians administering bleomycin as a form of chemical pleurodesis. The number of patients in the audit is small yet reflects their initial 2-year experience which is a reasonable time to evaluate implementing a new treatment strategy.

To enhance the manuscript the authors are encouraged to consider and/or address the following:

- (1) Change the title to reflect that this is a retrospective audit of the first experience with the palliative care team administering chemical pleurodesis.
- (2) The methods should include a description of the chest drain management immediately after the tube was unclamped. Was the chest drain placed on suction or left to water seal?
- (3) State the median and IQR for the time of the radiographic follow up.
- (4) Emphasize palliative care physicians can perform chemical pleurodesis safely in the conclusion.
- (5) Consider continue prospective data collection to report a 5-year experience.
- (6) Consider switching to another agent for chemical pleurodesis. Although bleomycin is well described as a sclerosing agent, it can have pulmonary toxicity if absorbed systemically and often requires chemotherapy precautions when handling the medication. Other agents such as talc and blood tend to be easier to administer without causing the patient significant discomfort.