Reviewer's report

Title: Quality of Life Assessment: An Independent Predictor of Survival in Lung Cancer

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Reviewer: Madelon Pijls-Johannesma

Reviewer's report:

This paper reports whether QoL at admission can predict survival in lung cancer patients. Nevertheless, overall QoL was not reported in the analysis. This paper is focusing on the impact on different QoL domains on survival. It is incorrect to interpret these domains as QoL, although there most domains highly correlate with QoL, QoL as measured with the EORTC-QLQ-C30 should be determined by the subscale global health status/QoL.

Though, it seems that no the conclusion drawn by the results does not give a direct answer to the primary aim of this study. Besides at the end of the introduction, it seems that main goal is to investigate the efficacy of the QLQ-C30. Next, a very heterogeneous group of patients was investigated. Does this cohort consist of only NSCLC or were also SCLC patients included? Stage I-IV do have different prognosis, it would have been useful if analysis were also performed for each individual subgroup, e.g. stage I-II, stage III and stage IV. Altogether, the goal of this paper is not clearly described and the analyses are insufficient.

Specific comments

Introduction:

If the aim is to investigate the impact of QoL on survival than this should also be the main subject of this section. Most is written about QoL assessment and the EORTC-QLQ-C-30. Unless I misunderstood the general aim of the paper, these subjects do have a link with the general aim but are actually not the scope of this subject.

In the first paragraph it is written ‘The vast majority do not have curative treatment options……’ Especially for this group of patients QoL assessment is important. Although the minority, also 163 stage I/II patients are included. I assume these patients were treated with curative intend. Since a difference in prognosis is expected this group should not be analyzed together with the other patients, since survival is a primary endpoint.

Method:

In the section ‘Prespecified Baseline Clinical Factors’ baseline clinical factors were described. It would be valuable to also add performance status and the existence of co-morbidities since these variables do have a high impact on QoL.
“Data analysis and Statistical Methods”; It is mentioned that HR was used for survival, however the RR was reported in the tables 4 and 5.

Results:
‘Relationship between QoL and other covariates’: A difference for fatigue and pain was reported between metastatic and locoregional disease and also regarding physical, role and social functioning scores between previously treated and newly diagnosed disease. The interpretation in the next sentence should move the discussion section.

Tables:
Please describe in the footnote of table 2 and 3 the interpretation of high and low scores. These are different for functional and symptom scales

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
'I declare that I have no competing interests'