Reviewer's report

**Title:** Screening for Distress, the 6th Vital Sign: Common Problems in Cancer Outpatients Over One Year in Usual Care: Associations with Marital Status, Sex, and Age

**Version:** 1 Date: 21 March 2012

**Reviewer:** Lilian Lechner

**Reviewer's report:**

A paper on a very interesting and potentially very relevant subject. However, there are some major points that need to be addressed.

As far as I can see, the researcher made no use of the medical information available, other than for describing the research group as a starting point (Information provided in Table 1).

Since the patients in the research group concern a mixed group with very different forms of cancer, possibly different phases of cancer (I cannot find information on this subjects: were patients in the phase of diagnosis, primary treatment, after care?), different severity of the cancer, and different treatments prior to the baseline measurement (and possibly also following the baseline measurement), these differences are likely to influence the results of the study.

The influence of type of cancer, severity of the cancer, phase of the treatment, and actual treatment was not taken into account in the analyses of the relations of demographics with distress or experienced problems. However, this seems very relevant, as it can be expected that some of the differences in distress and experienced problems in for example age and gender could be the result of differences in the severity of the disease, the treatment, the phase of the disease, et cetera between different demographic groups. In other words: could the relations now presented in the study be really the result of confounder effects, and could differences between for instance age groups, marital status or gender in reality be the result of the fact that the characteristics of the disease were different between these different groups (if the disease, the treatment and the consequences are more severe in certain demographic groups, than that could be the logical reason for experiencing more distress, more experienced problems and more awareness and use of psychosocial sources). To give a real valid conclusion of relations between demographics and experienced distress or problems these differences in characteristics of the disease should be taken into account (and corrected for), which was not done now. This comment concerns all analyses done in the results section.

Moreover, in the discussion there is no mentioning concerning this possible severe bias of the results.

The least the researchers could do is to provide both analyses (with and without
correction for these possible biases), in order to get a thorough insight in whether it is really demographic groups that view their cancer experience differently (do certain demographic groups cope differently with their disease), or that these differences are the result of different characteristics of the disease between the group (which would mean that they do not differ in the way they cope with the disease, but that they have different (more severe) situations to cope with). Authors should address this issue.

**Level of interest:** An article of importance in its field

**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