Reviewer’s report

Title: Long-term prospective longitudinal evaluation of emotional distress and quality of life in cervical cancer patients

Version: 1 Date: 1 November 2012

Reviewer: Marie-Louise Essink-Bot

Reviewer’s report:

1. Is the question posed by the authors well defined? YES
2. Are the methods appropriate and well described? PROBABLY APPROPRIATE BUT DESCRIPTION NEEDS TO BE IMPROVED
3. Are the data sound? YES
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? REPORTING NEEDS TO BE IMPROVED
5. Are the discussion and conclusions well balanced and adequately supported by the data? PROBABLY YES
6. Are limitations of the work clearly stated? NO (E.G., DETAILS ON POPULATION ELIGIBLE AND RESPONSE RATES ARE LACKING)
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? YES
8. Do the title and abstract accurately convey what has been found? YES
9. Is the writing acceptable? NO, THE ENGLISH NEEDS TO BE CORRECTED.

MAJOR COMPULSORY REVISIONS

Abstract:
- Methods: please provide details on numbers of patients eligible and response rates; and on statistical analysis
- Results: please be more specific on the results (provide exact figures and significance levels)

Methods
- Study design: please provide details on the origin of the Institutional review Board
- Measures: please provide additional details on the measures. How many items do these measures have? Are the cut-off scores of the HADs in accordance with published guidelines (provide reference)

Study procedures: at which hospital or hospitals were eligible patients recruited? Was this a multicentre study?
Results
- Compliance: please provide data on the numbers of eligible patients and the non-response.
- How were data analysed: only complete cases (i.e., only subjects who completed all questionnaires at all time points included)? Or were patients retained until recurrence and subsequently censored?
- Anxiety and depression: form table 2 it is unclear who of the LACC patients are more anxious: those living alone or those living not alone. Please clarify.
- Please add interpretations on the differences in mean scores over time; though statistically significant, are these clinically relevant? Authors might consider using Minimally Important Difference criteria as provided by Norman 2002 (I think). The least the authors need to do is providing data on standard deviations of scores.

Discussion
- I am not sure whether anxiety scores > 11 shortly after a cancer diagnosis are to be regarded as 'pathological'. It is severe anxiety, but that seems understandable and may be even functional in those circumstances.
- please look at abbreviations - some seem unexplained, e.g. 'BI scores', LY and MS symptoms

Table 1: horizontal percentages are strange, I suggest vertical percentages, that allow for comparing ECC and LACC by distribution of demographic variables.

The English needs to be improved, many errors need to be corrected and flow improved.

Level of interest: An article of importance in its field
Quality of written English: Not suitable for publication unless extensively edited
Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.
Declaration of competing interests:
I declare that I have no competing interests