Reviewer’s report

Title: Patient Self-Appraisal of Change and Minimal Clinically Important Difference on the EORTC QLQ-C30 Before and During Cancer Therapy

Version: 1 Date: 8 September 2012

Reviewer: Kim Cocks

Reviewer’s report:

Major compulsory revisions

1) Anchor-based methods for interpreting QOL scores are only useful if the anchor is at least moderately correlated with QOL (Guyatt et al). In this study, the SSQ correlations with the QLQ domains were weak (from 0.25 to 0.4) which would imply it is not a suitable anchor on which to interpret the QLQ scores. The reliability of patients’ estimates of previous health status is also an issue (Kamper et al).

Multiple anchors and methods that combine anchor and distribution-based methods are currently recommended for obtaining the MID of a QOL instrument. This paper shows results from only one anchor (and this is a weak anchor as discussed previously) therefore this approach is not adding to the current body of literature on this topic. More recent guidelines are based on multiple anchors and already provide tables for interpretation of the QLQ-C30 (separately for each subscale and for improving/deteriorating) (Cocks et al 2011 and 2012). These are much more likely to be robust than the study as presented here.

The QOL results themselves would be of interest in their own right and I would encourage the authors to rewrite the paper and use the existing guidelines (Cocks et al) to interpret their QOL results and discuss the issue of QOL pre and during treatment. This would be more publishable and add to the current body of knowledge.

References


Guyatt GH, Osoba D, Wu AW, Wyrwich KW, Norman GR, Clinical Significance Consensus Meeting G. Methods to explain the clinical significance of health

**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 I have no competing interests.