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:** 11 December 2012

**Reviewer:** Andreas Dinkel

**Reviewer's report:**

Manuscript "Patient self-appraisal of change and minimal clinically important differences on the European Organization for the Research and Treatment of Cancer Quality of Life Questionnaire Core 30 before and during cancer therapy" by Hong F et al.

This is an interesting and well-written manuscript. It provides additional evidence on clinically relevant improvement and deterioration as assessed with the EORTC QLQ-C30 in different groups of cancer patients. Methods and results are properly presented. However, I would like to suggest some refinements to the manuscript.

**Major revisions:**

1. The authors provide two justifications for their research. First, they cite Cocks et al (2011), a "meta-analysis of 911 cross-sectional" studies, and argue that these studies have been conducted with European patients. The authors state that the current work represents the first study among American patients with cancer. Second, they state that there are only few analyses that assess potential differences in MCID between improvement and deterioration. I would like to comment as follows: The study of Cocks et al did include longitudinal studies, however, Cocks et al focused on cross-sectional contrasts in their analyses. Furthermore, Cocks et al based their analyses on 152 studies, not on 911. Moreover, Cocks et al did include studies from USA/Canada (14.5 % of the studies). Thus, the authors should correct their statements relating to the work of Cocks et al. Moreover, as they justify their research using a cultural argument, the authors should provide empirical evidence or theoretical arguments on possible differences in MCID evaluation between Americans and Europeans or any other cultural group. With regard to the second argument justifying this research, I would recommend to comment on the shortcomings of the previous studies (Maringwa et al, Kvam et al) in order to underline the potential strengths of the current research.

2. Furthermore, as the authors justify their work as being one of the few studies that used the EORTC QLQ-C30 with an US-American sample, they should discuss their results in comparison to results obtained with European (or any other) samples.

3. In the first paragraph of the discussion section, the authors summarize their main results and state that the "transplant patients reported change for the better
on the SSQ for PF, SF, CF and global QOL”. This is contradictory to the authors’
statement in the results section (page 10, figure 1), where the authors point out
that most SCT patients perceived deterioration. Apart from that, it may be
worthwhile to stress that the largest group of patients belonged to the category
"about the same", indicating perceived stability of HRQOL throughout treatment.

4. Finally, the authors should include a statement on the limitations of their work
in the discussion section.

Minor revisions:

5. There are some typing errors in authors’ names in the discussion section
(Osobo, Margeingwa).

6. Figure 1: This figure shows percentages, thus, the y-axis should read 10, 20,
30 and so forth.

7. Figure 2: The column "EF" is lacking in the category "very much worse" in the
upper part of the figure.

Discretionary revisions:

8. The authors discuss the phenomenon of response shift as a possible
explanation for reporting better health condition despite deterioration, especially
in SCT patients. Maybe it would be helpful to analyze differences in initial
HRQOL between SCT and MED/RAD patients. Maybe there are some
differences in baseline scores that impact on the meaning of subsequent change.

9. Furthermore, there might be other psychological processes operating in SCT
patients who perceive improvement despite HRQOL-deterioration, such as
denial.

**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.