Author's response to reviews

Title: Quality of life of Bahraini women with breast cancer - Middle East Perspective: A cross sectional study

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Author's response to reviews: see over
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Author’s response to reviews: see over
The Biomed Central Editorial Team

**Object:** Quality of life of Bahraini women with breast cancer - Middle East Perspective: A cross sectional study.

Thank you for consideration of our manuscript for publication in your journal. We have reviewed the above manuscript according to your reviewer’s comments.

Reviewer # 1 Dr. Ali Montazeri

1. There are several comparisons where it seems inappropriate. For instance there are a few number of women with monthly income higher than 2000 or stage IV. It seems the authors should take another approach to analyze the data. They could add 1000-2000 to the > 2000 or add stage 0 and stage 1 and stage III with stage 4.

We have re-categorized many of the variables in the sociodemographic data such as: monthly income, stage, educational level and menopausal level. They are highlighted in yellow in table 1. In monthly income, 1000-2000 and > 2000 were combined into one category. In educational level, college graduate and postgraduate were combined into one category. In staging, stages 0 and I, and stages III and IV were combined into one category each. In menopause, postmenopause and surgical menopause were combined into one category.

2. The differences were found might be due small sample size in each categories.

We agree and therefore, the results were re-written based on the newly formed categories. Specifically, global health means became significant across the new categories of menopausal status and monthly income.

We highlighted the changes in the results section with yellow marker under results/factors associated with QoL scales (line 2 and 3).

3. Regression analysis needs further clarifications in the Methods. How the Categorical data dealt with? etc.

All socio-demographic variables were categorized into two “yes and no” categories and served as the independent variables or predictors. Global health score, physical, emotional, cognitive and social functioning scores served as the
dependent variables in the linear regression model (line 18 under methods/statistical analysis) also see (Table 5) and predictors of QoL in the results section. All changes are highlighted in yellow.

4. Regression model is performed only for global quality of life. What about other measures?

The regression modeling was carried out for all functional scales. These served as dependent variables in the model (table 5). Accordingly, we have modified the results under results/predictors of QoL section. All changes are highlighted in yellow.

In the new model, predictors explained 24% of the variation. Menopause and staging were the only two significant predictors in the model. In the physical and role functioning model, metastasis was a common significant predictor.

5. I feel there is need for re-analysis of the data, re-writing the results section and accordingly changing the conclusion.

The results were re-written according to the new changes and the conclusion was modified accordingly. All changes are highlighted in yellow in the results and conclusion sections.

The following changes took place:

- After re-categorization of some sociodemographic variables, global health means became significant across the new categories of menopausal status and monthly income (results/factors associated with QoL scales line 2 and 3).
- In the new regression model, predictors explained 24% of the variation.
- Menopausal status and staging were the two significant predictors in the global health model.
- Metastasis was a significant predictor in the physical and role functioning models.
- Co-morbidities and chemotherapy were significant predictors in role functioning model.
- The conclusion was changed according to the new results (lines 6-10 in the conclusion).

Reviewer # 2 (Eliza Whiteside)

Major compulsory revisions:
1. The abstract does not sufficiently address the requirements for information as required by the journal. The background section does not state the purpose of the study, the methods do not include the statistical tests that were used and
should not refer to the EORTC QLQ as the Arabic version because it is a translation rather than a different version, the results section does not include +/- SD for some of the statistics and the conclusion should be more specific.

We have changed the abstract to include the following:

- The objective of the study
- A description of the statistics used in the study
- 95% confidence intervals around the mean
- An improved conclusion

We have referred to the EORTC QLQ as the “European Organization for Research and Treatment of Cancer Quality of Life Cancer Specific version translated into Arabic”

We highlighted the changes in yellow.

2. The methods section requires more detail eg. on how the 'time since diagnosis' categories were determined. These are listed in the tables as 'early', 'transitional' or 'long term'. What constitutes 'systematic side effects' (line 10, Functional and Symptom scales).

We added this paragraph to the methods section/study instrument (line 2): “Time elapsed since diagnosis was defined as: early diagnosed (≤1 year since diagnosis), transitional period (>1 and ≤5 years since diagnosis) and long term survivors (>5 to ≤10 years).”

Regarding systemic side effects, there might be some confusion around using the word systematic rather than systemic. Systemic side effect is the correct phrase and this was computed using 7 items on the questionnaire. The questions are:

1. Did you have a dry mouth?
2. Did food and drink taste different than usual?
3. Were your eyes painful, irritated or watery?
4. Have you lost any hair?
5. Did you feel ill or unwell?
6. Did you have hot flushes?
7. Did you have headaches?

We feel that the questionnaire was adequately referenced and due to space limitation we were unable to include the components of each domain.

Minor essential revisions (typographical errors):
Background - Western rather than western (line 10), 'similarto' (line 11), full stop after Bahrain (line 19).

Done

Methods - survivors 'of' breast cancer not 'with' (line 9)
Done

Results - seven rather than 7, consistency with capital letters for Table (line 4), in
sub sections eg. Functional and symptom scales, and also throughout the text, remove the full stop after the bracket (line 6, Functional and symptom...)

Done

Discussion - 'side effects' rather than 'side effect' (final paragraph, line 1).

Done

All suggested typographical errors were corrected and highlighted in yellow. Additionally, other typographical errors were discovered and corrected.