Author's response to reviews

Title: A mixed exercise training programme is feasible and improves quality of life and muscle strength in multiple myeloma survivors

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Author's response to reviews: see over
To
The Editor
BMC Cancer
Biomed Central.

15 October, 2012

Dear Editor,

Re: MS: 1732251082784673 - A mixed exercise training programme is feasible and improves quality of life and muscle strength in multiple myeloma survivors

Thank you for inviting us to re-submit our manuscript. We have addressed each of the concerns of the reviewers, and details are given below.

Please note that all changes are marked in red on the revised manuscript

Reviewer: Saskia Persoon

Major Compulsory Revisions
1. Introduction and discussion
The study of Knols et al. (2011) is now included (page 4). We thank this reviewer for bringing this paper to our attention.

2. Patients and Methods
Details of recruitment are now included in the Methods section, page 4.

3. Patients and Methods, Exercise Program, second paragraph
Further detail is now included in this section, on the intensity, format and the adjustments (page 5-6). No adjustments were made for vertebral fractures that were stable. This is now stated in the text (page 6).

4. Study outcomes, first- third paragraph / results
Details are now included regarding the bicycle ergometer test, and also the hand held dynamometer (page 7).
HADS scores
HADS scores are generally reported according to cut-offs for ‘normal’, ‘borderline’ or ‘case’, not as an overall score for the group. Hence we have included a new Table (no.3) with this information. The text gives information on how many patients changed categories. We did not plan to do statistical analysis on the HADS scores.

Adverse events/reactions
We have now corrected the terminology regarding adverse events. We did not mean to suggest that adverse events related to the intervention would be indicated solely by the use of pain medication. Although we recorded all AE’s, the incidence of adverse reactions (AR’s) was used to assess safety. We have now clarified this (page 6), and modified the wording in the Results section (page 9), and elsewhere.
5. Study outcomes, analysis
We have now employed a one-way repeated measures ANOVA where appropriate and present the results (page 9-10). We have retained some of the results of paired t-tests in the text and Table 2, where we deem that this test is appropriate. We thank the reviewer for pointing out the utility of the ANOVA test.

6. Discussion
We agree about the limitation of this single arm study, and have now altered some of the wording in the Abstract and in the Discussion (eg, in the concluding paragraph, page 12)

Minor Essential Revisions
1. Overall.
We have condensed the text accordingly.

2. Discussion, first paragraph
We have amended the attrition rate to 24% (page 11), and thank the reviewer for pointing this out.

Discretionary Revisions
1. Study outcomes, third paragraph
We did indeed measure body mass, standing height and body composition to assess cardiorespiratory fitness, as stated in the Methods (page 7). We have rephrased the sentence “Knee extensor…10 times” (page 7).

Reviewer: HAN-I WANG
We note that this reviewer finds our manuscript clearer, and providing more detail as requested. We have trimmed down the Introduction and Discussion, omitting sections that were repetitive.

Minor Essential Revisions
1. Study uptake
We have reverted to the original wording “patients were recruited from October 2006 to December 2007” page 8.

2. Results
Details of patients declining participation have now been moved into the Figure legend, thus making this section more concise.

Discretionary Revisions
3. The structure of the Results
We have re-structured the results as suggested, under the headings ‘Patient Reported Outcomes’ and ‘Physiological Outcomes’, pages 9-10.

We sincerely hope that you will now find our paper suitable for publication in your journal.

Yours sincerely,

Kwee Yong
Professor of Haematology and Honorary Consultant