Author’s response to reviews

Title: The development of the Canberra symptom scorecard: a tool to monitor the physical symptoms of patients with advanced tumours.

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Responses to Reviewer 2:

In our previous revision, we did not change the analysis, only the description of the analysis contained in the Methods section. However, at the request of the reviewer, we included a post hoc analysis that indicated that the sample of 44 patients yielded a power of over 90% to detect moderate to strong symptom relationships at a significance level of 5%. Therefore, we do not believe that an opinion from a statistician as to whether a sample of 40 patients is adequate is either indicated or necessary.

We have stipulated in the Methods section that patients completed the questionnaires themselves, but assistance from research was available, if required.

We have indicated in the last paragraph of the Discussion section that the instrument could be used in patients undergoing palliative treatments such as palliative chemotherapy, palliative radiotherapy or symptomatic treatments. Whilst we agree with the reviewer that patients' symptoms might be more numerous in patients with poor performance status, we can only comment on the patients included in the study.

In response to the reviewer’s comments about the use of chemotherapy and radiotherapy, we would point out that 29 patients were receiving chemotherapy and 10 radiation therapy (Table 2).

We do not agree that a paragraph about cough and problems remembering things is necessary.

We have written out the names of the instruments in the Introduction section, as requested, although they were already stipulated in Table 1.

As requested, we have moved the last paragraph of the Background to the Discussion, where it was combined with the existing last paragraph.

We agree that headaches are not include in the symptom instrument that we have devised, however many other symptoms are not included either. This is because we aimed to produce an instrument with broad applicability to patients with different types of tumours. However, our sample did include 2 patients with CNS tumours (Table 2).

Responses to editorial staff:
We have removed capitalisation from the title and included first names of the authors, as requested.

We shall include Figure 1 as a figure file; Tables 2, 4-7 have been pasted at the end of the main
In conclusion, in conjunction with my co-authors, I believe that I have responded to all the further comments from reviewer 2 and those from the editorial staff. We trust that the manuscript is now acceptable for publication.

R. Stuart-Harris.