Reviewer's report

Title: The Development of the Canberra Symptom Scorecard: A Tool to Monitor the Symptoms of Patients with Advanced Tumours.

Version: 1 Date: 6 October 2003

Reviewer: Eduardo Bruera

Reviewer's report:

General
The authors have developed an 18 item symptom assessment score and they used it in 44 patients with advanced cancer. I have the following comments:

Discretionary Revisions (which the author can choose to ignore)

1. The authors should discuss in INTRODUCTION as well as in DISCUSSION the difference between tools developed mainly for research as compared to tools developed for daily clinical care. The ESAS has been used for 15 years in regular care at the Edmonton Regional Care Program and for four years at The M. D. Anderson Cancer Center as well as in more than 20 centers around the world on a regular basis. It is unclear why the authors report that this tool is "too burdensome for seriously ill patients to complete". Independent validation of this tool also exists (V Chang, JPSM 2002).

2. The process of reducing their instrument from 18 to 12 symptoms and the study of the different clusters was based on a group of 44 patients with advanced cancer attending two different hospital areas. The authors have not described appropriately the patient population. For example, it is not clear if these patients were receiving radiation therapy and chemotherapy, if at the time of inclusion in this study they were inpatients or outpatients, and the overall survival of this cohort. It is impossible to understand the development of this tool without better understanding the population in whom this validation took place.

3. The authors should discuss some practical issues regarding the completion of this 18-item questionnaire. Specifically, they should address how easy it was for the patients to complete this assessment, how long it took, and, since one of the reasons for developing this tool was the perceived difficulty in implementing existing tools, the authors should discuss how patients and health care professionals perceived their tool as compared to other existing tools.

4. It is important for the authors to outline how they will conduct further validation of this tool.

The authors make some very important points in their discussion. If psychosocial symptoms are deleted from symptom checklists they will need to be assessed by other means. This means that regular patient care will require the use of other tools in addition to the CSS. The authors question the appropriateness of having psychosocial variables in symptom checklists. They should provide some further evidence for this questioning and propose how these dimensions should be incorporated into regular cancer care. At a time when the importance of psychosocial care is becoming more recognized, it is important to have the ability to measure the impact of psychosocial distress on patients and families and the ability of interdisciplinary teams to deal with this distress. Perhaps the authors might want to further discuss this important issue within the context of tool developments.
What next?: Accept after discretionary revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
none