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: 8 October 2003

Reviewer: victor chang

Reviewer's report:

General

The authors address a fundamental question – what is the minimum number of symptoms needed to assess patients with advanced cancer. The authors have identified 12 symptoms and distress as the relevant dimension. The development of this shorter instrument increases the number of such instruments that will become available to clinicians.

Discretionary Revisions (which the author can choose to ignore)

For the statistical analysis, a more detailed description of the multivariate statistical analyses would be helpful. Terms such as Euclidean distance and varimax rotation are casually mentioned in the results section, and OLS regression in the tables with no preparatory explanations in the methods section other than a mention of multidimensional scaling and principal components analysis. A little more explanation might help the less sophisticated readers.

The discussion might be better balanced if the tradeoffs of the design decisions for physical symptoms are reviewed. By removing psychological items, the authors run the risk that their instrument’s scores may not reflect quality of life well, and obligate users to add a second instrument with more questions. To some extent, each instrument builds upon its predecessors.

Many studies have also used other symptom instruments or quality of life instruments to serve as an external standard. This was not done in this study. However, the frequencies of symptoms reported are not all that different from other studies and this may not be a major issue at this stage of development.

Minor Compulsory Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

None

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

For the outpatients who participated in the validation study, how were these patients selected? Many studies for symptom instruments have used a larger number of patients in the range of 100+. For readers who are used to such sample sizes, can the authors present a rationale for picking these 44 patients for all the analyses done? It is a relatively well group of patients with 68% having an ECOG PS of 0-1. If this was a convenience sample, perhaps a statement should be made that the conclusions will be retested in a larger prospective sample.

The authors might describe how the data from the Canberra card should be summarized.
What next?: Accept after minor compulsory revisions

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

Quality of written English: Acceptable

Statistical review: Yes

Declaration of competing interests: None