Author's response to reviews

Title: Health Profiles of 996 Melanoma Survivors: the M. D. Anderson Experience

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Response to A. Dahl

Dear Professor Dahl,

Thank you for your careful review of our work and your helpful comments; we hope that our responses and explanations below will address your concerns in a satisfactory manner

1. Melanoma sample: perhaps it is redundant, but please permit me to reiterate that (unlike traditional oncologic reviews) we are not trying to present the oncologic outcome of melanoma patients. Rather we (as a part of our ongoing comprehensive program to elucidate the health profiles of cancer survivors in general) are working to describe/define/understand the ever growing population of cancer survivors and their issues both physiological and psychosocial. Thus we are not analyzing the effectiveness of different treatments, prognostic factors etc (many other melanoma experts have already done this), but we are describing the problems that are affecting the survivors who are out in the community today and who need health services. We have amplified the methods section to better explain this point. As to the type or treatments, we have added the information regarding chemotherapy and/or radiotherapy in the methods section.

2. Medical chart review for the individual cases was carried out for patients who received combined therapies; methods section amplified to clarify.

3. Other cancer survivors: please refer to our explanation on point #1 above; we are not aiming to present the oncologic outcomes of melanoma patients; rather we aim to comprehensively (though painstakingly) describe the population of cancer survivors: who they are, what problems they perceive how they are similar or different for one another and from people who never had cancer.

4. Statistics: we appreciate your proposal for alternative statistical management of the information. We have a close collaboration with the Department of Biostatistics under the aegis of Dr Don Berry and we humbly ask you and the Editor to allow us to defer to their recommendations. There is always more than one way to look at data. We feel the goal of descriptive analysis is reasonably served.

5. Figures and tables: our intent was to provide the reader with as close a look at raw data as possible and have constructed rather detailed visual aids in the form of figures and tables. We have abbreviated tables 4-6. We would like to be able to make the data available in detail without our editorial selection; nevertheless we are willing to abbreviate even further at the editor's request.

Response to E Crocetti review

Dear Professor Crocetti

Thank you for your encouraging comments and helpful suggestions; we hope that our responses and explanations below will address your concerns in a satisfactory manner

1. M. D. Anderson sample: you are correct, we have modified the title and clarified the text as requested

2. You are again correct; while some health problems of cancer survivors may directly relate to prior cancer therapies, others may simply reflect age. It is not always east to distinguish which is which. We have tried to explore this in 2 ways: by comparing some reported health problems with age matched non-cancer population and by comparing the problem of melanoma survivors treated with surgery alone vs. complex combined treatments; We have expanded the methods description to emphasize and clarify

3. Tables 4-6: our intent was to provide all possible detail to the reader without our editorial selection; nevertheless we are willing to abbreviate even further at the editor's request.
4. Other questions: these findings have been outlined in our first publication of the subject of cancer survivorship (ref #10, Schultz et al, International Journal of Cancer 2003:104:488-495) and did not reiterate in the present report for the sake of brevity; we are happy to summarize more comprehensively at the editor's discretion. To your questions,

a. Surveys were carried out during 2000-2003
b. Responses for the e-mail were directly compared in the ref#9 paper; we have separated them in all our subsequent analyses because there were significant differences and because they were not amenable to detailed, individual chart review.
c. Almost half the recipients answered the surveys in all disease categories (ref #10); we cannot know why some people did not answer and can only speculate. For example, the 2001 survey was mailed out shortly after the 911 attack and probably in the middle of the subsequent anthrax mail scare

d. Family; these were direct questions on the survey; no free-style comments are presented in this paper; methods section modified for clarity

e. Overall health: direct question "do you feel that cancer has affected your overall health" (mentioned in methods)

5. Figure I: text modified for clarity
6. Ethnicity: text modified for clarity