Reviewer's report

**Title:** Satisfaction with care among patients with non-metastatic breast cancer: development and validation of the REPERES-60 questionnaire

**Version:** 1  **Date:** 4 April 2007

**Reviewer:** Anne Brédart

**Reviewer’s report:**

This paper describes the development and psychometric analysis of a questionnaire purported to assess breast cancer patient satisfaction with the care received during the overall process of breast cancer treatment and follow-up, in a French population. This work rests and expands on an initial French validation of Davies & Ware Consumer Satisfaction Survey developed in the United States (manual published in 1991) (CSS-VF).

The CSS-VF comprises 79 items to which 42 new items are added as a result of two breast cancer patient focus groups. The resulting 121-item questionnaire has been administered to 975 patients (one month after the end of treatment) and, for test-retest reliability testing, to a random sub-sample of 172 (one year later and one week apart).

This work is relevant. My main concern regards the reporting of this study.

**Major Compulsory revisions**

Different research questions are addressed which confuses the understanding of the work performed. This paper is long while missing important information. I would suggest splitting this paper in two, focus first on the qualitative part and second on the quantitative part of the study. This would allow for detailing aspects, for example, of the methodology and results of the focus groups (prompts for discussions, patients’ exact reports,…). For example (p8), it seems that patients had to give their priorities on issues raised; this does not appear clearly in the paper. Patients’ input does not appear clearly as such. The methodological originality of the focus groups for developing more specific patient satisfaction items/sections should be better highlighted.

Without these details many aspects of the results presented have to be taken for granted. In the second paper focusing on psychometric results, the qualitative study (identification/selection of new questionnaire issues) has then just to be summarised. The readers should clearly understand how the new issues have been produced.

The development of this questionnaire is mainly based on a questionnaire developed in the US and for primary care. A significant number of studies using specific patient satisfaction questionnaires are now available in the cancer field; in their literature review, authors do not refer to this literature on which they could have based/compared their own work.

Some paragraphs are wrongly placed in the paper. E.g., page 5 (2nd paragraph): "In view of the repeated development..." refers to the rationale of this study rather than to a methodological aspect thus should be place in introduction; page 13, the rationale for not exploring the reproducibility of specific scales should be placed in the methodology rather than the result section.

Methodological details should be justified: why a one-week lapse for test-retest (good results may reflect recall bias; after the end of treatment patients' health may be stable allowing for a longer time lapse between assessments)?

Criteria for item selection, statistical estimate threshold choices need also to been given good reasons (e.g.: 0.80 for redundancy) or referenced.

Result section: place of tables/annexes (or results not shown) should be indicated to allow explicit reading of the results. Results could be formulated more clearly and meaningfully (providing item contents, grouping positive or negative results, extracting essential information). A table listing items, whether they are eliminating/maintained and why, could be helpful.
Discussion section: item scores for each medical specialist were highly correlated, how authors explain this and what is the implication for care improvement?

Tables/annexes: it is not clear why all item numbers for annexe 2 do not correspond with the final questionnaire in appendix. Some items/sections do not appear logically (chronological/content) ordered, e.g.: the last section content is closer to sections 2, 3, 4; overall satisfaction could be assessed at the end; whatever the choice, it should be argued.

Minor essential revisions

Authors should pay attention to the inappropriate use of some terms: e.g.: complementary treatment refers to adjuvant treatment whereas complementary may be associated to CAM (Complementary Alternative Medicine).

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.