Reviewer’s report

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

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Reviewer: Giovanni Apolone

Reviewer’s report:

General

The paper by Gautier et al describes the process of development and preliminary test of a new satisfaction with care questionnaire to be used on (French) patients with non-metastatic breast cancer. The rationale of starting this long and complex process comes from the fact that, so far, no satisfaction with care questionnaires that are appropriate for ambulatory breast cancer patients (after the first primary treatment) are available (at least in French), thus a new tool is required to be applied in quality, outcome or evaluative studies.

Methods used were standard multi-step studies and evaluations that implied the review of literature, the identification of pre-existing instruments to be used as basis, the identification of a multi-dimensional a priori conceptual and measurement model, the conduction of (qualitative) focus groups to identify candidate items and test those extracted from other tools, a first quantitative (cross-sectional) evaluation on a large sample of patients. This phase of the “validation” process implied either to identify the best set of items using psychometric and other statistics methods (level of completion/compliance, item distribution, redundancy, factorial structure, reproducibility, item-scale and scale-scale correlations, scale consistency and reproducibility, etc) or the analysis of the association/correlation with other external indicators, and the assessment of the known-group validity of the new tools (the 60-item REPERES questionnaire).

The paper is well organized, the methods are agreeable, data and findings are fairly reported and discussed. Nevertheless, a few points deserve attention.

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

1) The process of development and validation is well described throughout the paper. Nevertheless, there is some confusion between the steps (phases), the methods (qualitative, quantitative), the intentions (questionnaire development, validation), the techniques (psychometric, statistics), the analysis (test-retest, factorial, multi-trait, etc). At the end of the “Background” or at the beginning of the “Method” a clear description of the entire “validation” process could be inserted, including also the steps/phases planned but not yet implemented. A summary figure/synopsis may help (See ref 24 for an example)

2) “Validity” is not a yes/not attribute but the results of the accumulation of evidence produced through a long process where hypotheses are formulated and then sequentially challenged with several empirical testings. What so far done is promising, but some further tests are required before claiming that this instrument is “validated”. I recommend to amend from the paper all these types of “over-interpretation” (see for example the first three lines in the discussion!)

3) When testing external validity (page 15), p-values are used to judge the presence or absence of discrimination. This is not fully correct as a statistical significance may be assent (higher than 0.05) either for the (small) size of the effect under evaluation (a correlation or a difference between mean groups) or for the small sample size of the groups compared. I suggest to use other indicators/index of relative capability to pick-up differences between groups (as the estimation of confidence intervals or, when appropriate, the ratio between T or F tests).

4) In The Discussion some limitations of the current results should be mentioned and discussed to warn reader about the preliminary nature of findings. For example, I am sure that what done and what presented support the psychometric validity of the new questionnaire. I am also pretty convinced that items and scales behave in a sound way either internally or with some external indicators. In addition, some of correlations
are easily interpretable, from the clinical point-of-view. I have also appreciated the Author’s honesty when suggesting that “...the original CSS-VF can be used on its own, ...” while “...the 4 new dimensions are complementary ...” (page 17, first lines). Nevertheless, some warnings about the need of further independent tests, the need to also test other dimensions of “validity” such as the responsiveness (in longitudinal studies, eventually with a before/after design), and the evaluation of its robustness in other settings are required. Finally, readers should be strongly advised to be cautious in generalizing present results to other linguistic, cultural and health care settings.

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

The Title should be changed to warn readers about the preliminary nature of findings (the questionnaire is promising but not yet validated

Discretionary Revisions (which the author can choose to ignore)

The English is formally good but a re-editing done by a English person with some direct experience on issues relevant to this topic may help reduce the use of some “strange” terms.

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

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

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

'I declare that I have no competing interests'