Author’s response to reviews

Title: Quality of life in patients with gastric cancer: translation and psychometric evaluation of the Iranian version of EORTC QLQ-STO22

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Author’s response to reviews: see over
Dear Dr. Bucceri,

Thank you very much for your kind e-mail. We are also very grateful to both reviewers for their helpful comments to improve the paper. Please find the following point-by-point responses as requested.

Reviewer: Dr. Juan Ignacio Arraras
I consider there is a need of validation studies of instruments like the EORTC Quality of Life questionnaires, for its use in individual countries. So I think the present study as quite useful
- I do not think there is a need of major revision
- There are some Minor Essential Revisions I would like to suggest:
  1. Have the authors followed criteria for sample size calculation? Maybe 5 patients per item?
     The sample was a consecutive sample. This was clarified in the Methods:
     A consecutive sample of patients were entered into the study during March 2005 to September 2007.
     Table 2: I think it could be interesting if authors added some more explanations that might help the readers to better understand the table
     The following sentence was added to the Results:
     As indicated in Table 2 the correlation between an item and its own scale was significantly higher that its correlation with other scales.
   - Discretionary Revisions
     1. Maybe patients have made comments about: any confusing or upsetting item, or any other type of comment?
     The following sentence was added to the Results:
     However a few patients commented that they could not differentiate between ‘acid indigestion and hurt burn’ (item 39) or some patients stated that they could not understand what does ‘trouble with belching’ really mean (item 40).
     2. Do the authors know if any patient was invited to participate in the study and did not take part in it?
     There were some refusals just due to dislike, but unfortunately we do not have any information of these patients.
     3. Low Alpha coefficients in the ‘eating restrictions’ scale: do the authors consider that the low SD levels (14, 15.2) may have influenced these alpha coefficients?
     To be honest we do not know!
     4. The authors say in the discussion that the score in the global QL scale was the lowest. I am wondering if these low scores in the global QL scale have been also found in other QL studies (with different tumors) in which the EORTC instruments have been administered
     The following sentence was added to the Discussion:
     Lower score for global quality of life in other cancer patients were also reported. For instance, a recent study form Kuwait (very similar in culture to
our patients) reported that global quality of life in breast cancer was lower than other functioning scores [13].

5. Do the authors consider that a 4 weeks period between the two assessments might be a bit long period for patients receiving palliative treatment.

In general this is true. However when you want to compare two groups it seems that the time frame for assessment should be the same.

Reviewer: Dr. Arndt Büs s ing

An important issue to translate the EORTC QLQ stomach module for Iranian patients, and make them “comparable” to other populations and treatments. The statistics are simple and robust. The quality of the paper is good and it is worth to be published.

Some suggestions (discretionary revisions):
The authors attempt to ask patients about the time took to complete the questionnaires, the need for help in completing the questionnaire and indicating if any of the items appeared confusing, difficult to answer or upsetting etc. is appreciated. However, other attempts to translate the instrument (i.e., Japanese or Mexican-Spanish version) required some linguistic revisions or adaptations to clarify their meanings. Did you also have similar experiences (you mentioned item 42 in your discussion)? – Maybe you could extend this issue in your manuscript and refer to other papers on this topic?

You could discuss that some items have strong side-loadings (i.e. eating discomfort), and thus you should refer to the original factor analysis.

The following sentence was added to the results:

However, a few patients commented that they could not differentiate between ‘acid indigestion and hurt burn’ (item 39) or some patients stated that they could not understand what does ‘trouble with belching’ really mean while in general belching is unpleasant condition (item 40).

Finally as indicated in your e-mail the issue of ethics with more details is now provided in the Methods:

Ethics

Ethics committee of Tehran University of Medical Sciences approved the study. Written informed consent was obtained from all enrolled patients.

Hope you find the revisions satisfactory.

I wish you all the best.

Kind regards

Ali Montazeri