Author's response to reviews

Title: Validation of the new COPD Assessment Test (CAT) translated into Thai in patients with Chronic Obstructive Pulmonary Disease (COPD)

Authors:

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Author's response to reviews: see over
Dear Dr. Cornacchia:

On behalf of co-authors, I am pleased to submit this paper as attached to the BMC Pulmonary Medicine. Please kindly find our responses to the reviewer’s report as follows:

Comment a) Did the authors consider the Gold 2011 scheme using risk, symptoms and lung function? Specially I am interested how the CAT Thai version performed in GOLD B patients with symptoms.

Response: This study was based on GOLD 2009 criteria for diagnosis. We did not evaluate COPD performance by group in GOLD 2011.

Comment b) Would the authors recommend this approach to validate the CAT for other languages? The significance of this paper would be extended if it can be applied in other languages.

Response: We used standard statistical method for validation of CAT score which is a common standard for other languages. It has been used in Korean, Vietnamese, Traditional Chinese, Indonesian, Japanese [23], Turkish [*] and Portuguese± languages [23]. It would be beneficial to use the same approach to validate CAT as in other languages.

References


Comment  c) Following up on this, please extend your comments on the validation in other languages such as Japan and China to the design of the Thai validation and the correlations.

Response: The original CAT score validation, the validation approach, that we used is based on clinical stable OPD visits, YES not on internet survey like Japanese version. Therefore, we cannot extend our comment on Japanese paper [18]. The Chinese paper used the same method as our paper [23].

References


Comment  d) This is a cross sectional single visit validation. Please comment on the validation with other languages.

Response: A cross sectional single visit validation as in our paper was used in several countries such as in Korea, Vietnam, Hong Kong and Indonesia. The CAT correlated well with the SGRQ and MRC dyspnea score in all countries. The relationship did not differ between countries despite varying patient characteristics.

Sincerely yours,

Chaicharn Pothirat
Dear Dr. Cornacchia:

On behalf of co-authors, I am pleased to submit this paper as attached to the BMC Pulmonary Medicine. Please find our responses to the reviewer’s report as follows:

Comment 1) the lack of data and references supporting the claimed validity for use in clinical practice (e.g. Cronbach alpha > 0.70 is considered enough for group comparison, not for individual categorization).

Response: From the original content in the section on statistical analysis, “Internal consistency was measured by applying Cronbach’s alpha coefficient to each of the component scores of the CAT, values > 0.70 are generally considered acceptable for aggregate data”. This part was corrected to “Internal consistency was measured by applying Cronbach’s alpha coefficient to the CAT scores, values > 0.70 are generally considered acceptable for aggregate data”.

Comment 2) the discrepancy between the intention to assess “discriminative validity” and actual methods and results

Response: The manuscript was adjusted in the appropriate sections including in the Objective, Background and Discussion.

Comment 3) the lack of information on how the Thai version was obtained from the original one.

Response: This information has been added in “Health status questionnaires” session.

The original CAT was translated to Thai through linguistic validation which was undertaken by TransPerfect Translations, Inc. in 2009. It was translated into Thai language in accordance with the

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International Society for Pharmacoeconomics and Outcome Research translation and cultural adaptation process for patient-reported outcomes [13]. It also included a medical reviewer to check the medical language and terminology of the translation.


Comment 4) shortcuts in writing, as if the authors had not taken time to accurately review the language and sentences.

Comment 5) lack of references supporting a number of statements in background and discussion sections

Responses to comments 4 and 5: Language and sentences have been reviewed and corrected. Based on our best knowledge and understanding, additional references are included in the Background (reference number 1), Method – health status questionnaire (reference number 13) and Discussion (reference number 21 and 23).

Sincerely yours,

Chaicharn Pothirat