Author's response to reviews

Title: Potential relevance of pre-operative quality of life questionnaires to identify candidates for surgical treatment of genital prolapse: a pilot study

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Author's response to reviews: see over
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To  
The Editor  
BMC Urology

Dear sir,

Enclosed please find our revised paper:

“Potential relevance of quality of life questionnaires to identify candidates for surgical treatment of genital prolapse: a pilot study.”

By Christian Chauvin, Elisabeth Chéreau, Marcos Ballester, Emile Daraï.

We answered point-by-point to the reviewer's comments.

We are looking forward to hearing from you at your earliest convenience concerning your final decision about this manuscript.

Sincerely Yours,

Dr Elisabeth Chéreau

Answer to the reviewer.

Reviewer 1:

Minor Essential Revisions/Discretionary Revisions
1. May consider adding the words pre-operative quality of life questionnaires into the title. We add “pre operative” in the title as requested: “Potential relevance of pre-operative quality of life questionnaires to identify candidates for surgical treatment of genital prolapse: a pilot study”

2. In the Abstract, under methods the last sentence Data were collected the day before surgery and 6? (need units months, weeks etc.) We add the unit: “Data were collected the day before surgery and 6 weeks postoperatively.”

3. In the abstract Results section: May consider defining a high and low score for the questionnaires that were used. In addition may consider avoiding abbreviations as this may be confusing to some readers. In the princeps article that introduced these questionnaires, the authors didn’t defined high and low score. These are continuous without cut-off. Scores for each sub-questionnaire range from 0 to 100 with higher scores indicating greater symptom distress.
We add the definition of the abbreviations in the Methods section of the Abstract:
“(Pelvic Floor Distress Inventory (PFDI-20), Pelvic Floor Impact Questionnaire (PFIQ-7) and Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12).”

4. Page 6 last paragraph. The follow up period lasted every 6 months for...
We add in the Methods section: “Follow-up pelvic examination was carried out 4 to 6 weeks after surgery, then once every six months up to date”.

5. Page 9 Changes in quality of life section may be useful for the reader to avoid abbreviations.
We add the complete terms for each abbreviation in this section.

6. I may suggest that the authors considering adding a sentence that reflects more clearly the outcome. Women should be evaluated for quality measures not simply the correction of the anatomic defect. The PFIQ-7 may afford the surgeon the opportunity to identify women who may not benefit from a surgical correction. Page 11”It is important to note that some patients did not report impairment in quality of life measures related to genital prolapse” and thus may not be good candidates for surgery.
We totally agree the comment and we added in the discussion section a sentence underlining the discrepancy between anatomical and functional results: “Our results are in accordance with those of Lawndy et al [32] showing that even if no difference was observed in anatomical results, some patients reported the absence of symptoms Improvement.”

Reviewer 2:

1. Please amend the last sentence of the methods section of the abstract to clarify the timing of follow up.
We already corrected this according to reviewer 1’s comment

2. There are variable surgeries for prolapse utilized in the study, with the addition of the use of slings for stress incontinence as well concomitant hysterectomy, which has been appropriately pointed out by the authors in the discussion as confounding variables. How was the decision made to include sling in the procedure (i.e. clinical stress incontinence, urodynamic stress incontinence, occult stress incontinence)? Clarify whether the five patients who did not have a hysterectomy during the course of the study had previously had hysterectomy.
We add in the methods section: “The decision to include sling in the procedure was done according to clinical and urodynamic stress incontinence.”
We add in the result section: “Among the four remaining patients, three had conservative surgery and one had underwent previously hysterectomy for fibroma”

3. The PIFq scores of less than 20 indicate people who should not be operated on…. Who are these three patients, and what surgeries did they undergo?
We add in result section: “These patients were elderly patients with mean age of 78 years with predominant anterior prolapse and two of them were operated on via the vaginal route.”

4. If the PDF7 was broken down into the three sub-questionnaires, did the authors see any preoperative predictive value (i.e. similar to the total preoperative PDF7 value of 20) from the sub-questionnaire elements?
In this study, we didn’t have enough patients to find out any predictive value from the
sub-questionnaire elements.

5. Short term follow up is a definite limitation of this study. There was a minimum range of follow up of 14 months. Is there data from the 12 month visit for comparison? In this study, the aim was to compare pre and post-operative scores. As suggested, longer follow-up is required to definitively confirm our results. This specific point has been underlined as a limit of the present study.