Reviewer's report

Title: Pretreatment organ function in patients with advanced head and neck cancer: Clinical outcome measures and Patients' views

Version: 1 Date: 22 June 2009

Reviewer: Simon N Rogers

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This study reports function and QOL prior to chemoradiation in patients with stage II and IV cancer. Data was collected it seems as baseline for a RCT and the pre-treatment data is presented in this paper.

The most common functional deficits were swallowing, pain and weight loss. These are well known issues and this study is confirmatory.

There was not necessarily agreement between the objective and patient derived data. Again this has been shown in numerous papers.

In the introduction the authors state that CRT has improved overall survival in all sites. More evidence to support this comment perhaps by giving values by site would be useful.

It is not clear how the need to have comprehensive pre-treatment data influences post-treatment care and outcome. Yes it has value in a research setting but is such assessments really worthwhile in clinical practice. Could the authors strengthen their argument in this respect.

The sample size is relatively small given the length of accrual period. Were they consecutive patients? If not what potential bias might there be. Were there no refusers? Was all data complete?

A study specific questionnaire was used. It is a great pity that a well-recognised QOL questionnaire was omitted. This would allow the readership to be more familiar with the data and also allow comparison with other studies. Swallowing and pain are both part of standard QOL measures. There are well validated questionnaires for dietary intake and mouth opening.

Weight was assessed from 6 months before treatment but it is not clear how accurate the measurement was at that time. Was it from GP or hospital clinic records?

Are the authors advocating that every patient with stage III and IV disease have pre-treatment videofluroscopy irrespective of stage, site and clinical parameters such as weight loss, low BMI, poor nutritional intake. This is a cost demand on service. Is there no simpler way such as FEES or use of questionnaires to at least identify a more at risk group who would benefit from videofluroscopy.
What is the validity of taking number of problems as an outcome?

The study is weakened by the choice of questionnaire and the lack of data of how pre-treatment scores influence post treatment care and outcome. Much of the data is confirmatory to previous literature.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests