Reviewer's report

Title: Can cancer patients assess the influence of pain on functions? A randomised, controlled study of the pain interference items in the Brief Pain Inventory.

Version: 2 Date: 5 December 2006

Reviewer: Diane Zelman

Reviewer's report:

General

This is a re-review of a manuscript addressing the question of the specificity of the BPI Pain Interference scale. The manuscript asks whether, when they complete the BPI, do patients with cancer meaningfully distinguish between functional interference due to pain and functional interference due to all causes. This resubmission addresses some of the concerns of the reviewers, and in particular, more explicitly notes limitations of the sample and the data set.

However, this reviewer’s original comments stand, that these findings detect an interesting and relevant phenomenon worthy of more investigation, but they are inconclusive as a stand-alone study. This is due to the small and restricted clinical sample and the need to further investigate factors that influence the findings prior to dissemination. Mention of these limitations in the Discussion does not fully address this problem.

The conclusions of the research rest on a null-hypothesis finding - no difference between the original and revised BPI. Although it is interesting that 26/45 participants rate numerically higher interference on the revised BPI, and 17/45 rate lower interference, it is also interesting that the group means for the revised BPI are numerically higher, yielding a significance level of p<.09. The small sample size (45), and the low pain (Average Pain = 1.9 on a 0-10 scale) and high mean Karnofsky for the sample suggest that the findings might indeed be very different for a larger and more representative sample.

As recommended in the earlier review, in addition to confirming the replicability of these findings with a more representative sample, other possibilities of ways to broaden and clarify the phenomenon reported would be to 1) explore the relationship between the conflation of pain-related and general interference and general symptom severity, Karnofsky status and other illness severity indicators, or 2) explore whether the EORTC QLQ-C30 and the BPI items change for the two BPI versions, which would again address the question of whether patients distinguish between pain related functional interference and general functional interference.

As noted in the earlier review, it is recommended that in the Discussion, the authors include a broader consideration of the meaning of the findings for the assessment of pain-related interference.

Finally, in the Discussion, the authors consider that patients might have difficulty distinguishing pain-related from general interference, due to cognitive function, demographic variables or lack of testing experience. An additional thought is that what we are asking them to do is an unfamiliar and artificial cognitive task; that people do not generally mentally unparcel the sources of their functional interference, and asking them to do so might yield invalid or nonreplicable results.

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

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

Discretionary Revisions (which the author can choose to ignore)
What next?: Reject because too small an advance to publish

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

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests