Author's response to reviews

Title: Losing the genetic twin: donor grief after unsuccessful unrelated stem cell transplantation

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Author's response to reviews: see over
Dear Professor Wilkinson,

Please find attached the revised manuscript

“Losing the genetic twin: donor grief after unsuccessful unrelated stem cell transplantation”

by Martina Wanner, Sandra Bochert, Iris M Schreyer, Gabi Rall, Claudia Rutt, and Alexander H. Schmidt (MS: 1085 6887 9320 7860).

Due to the reviewers’ comments the manuscript was considerably revised. Main changes are:

1. We thoroughly described the process of questionnaire development.
2. We shortened the manuscript by more than 10%.
3. We made numerous changes to style and language.

We think that these modifications led to a substantial improvement of the manuscript, especially regarding clarity and readability.

Changes to the original manuscript are discussed in detail the following point-by-point analysis.

Yours sincerely,

Martina Wanner
Manuscript: “Losing the genetic twin: donor grief after unsuccessful unrelated stem cell transplantation“

MS: 1085 6887 9320 7860

Editor comments:

1. As you will see, concerns have been raised regarding the validity of the questionnaire. In light of this, we would require a thorough description of the development and pilot validation process. Ensure to include information on how the questionnaire was developed, what criteria were used for its development and how the pilot validation was carried out.

We inserted

“After having defined the goals of the study, we developed the questionnaire in three steps: First, we checked if a validated questionnaire existed that we could use. This was not the case, mainly due to the specific nature of the study, particularly its focus on the optimal way to inform unrelated stem cell donors about their recipients' deaths. Second, we internally discussed feedback of donors whose recipients had died. Goal of these discussions was to extract typical donor reactions to transplantation failure and to the method of communication. These patterns laid the main foundation of the questionnaire. It has to be noted that, prior to our study, we did not systematically ask for donor feedback in this area. Instead, donors provided feedback as part of their usual communication with donor centre staff. Steps 1 and 2 partially overlapped in time. Third, we carried out a pilot to check the questionnaire and the data collection process. Specific issues addressed in the pilot phase were: Is the return rate satisfying? Are there indications that certain questions are unclear or dispensable? Are there any issues raised in donor comments that should be included into the questionnaire?

The pilot return-rate of 86.9% (93/107) was satisfying. Changes in the questionnaire were only made to Question 8: Since only 4 donors who agreed to the statement “I often think about the family of the recipient” did not agree to “I often think about the recipient”, these items were combined to “I often think about the recipient or the family of the recipient” in
order to reduce redundancy. Furthermore, three items were added (see Attachment) as they were given in donor comments.”

in the Methods section to address this comment.

2. Please also shorten your manuscript...

The main body of the manuscript (from Abstract to Conclusions) was shortened by >10% though several additions were made to the manuscript to address editor and referee comments.

3. ...and include the questionnaire as an additional file to your submission.

A translated version of the questionnaire was included.

4. Document, within your manuscript, the name of the ethics committee which approved your study. Although you state that “The study was approved by the responsible Institutional Review Board.” we require that you provide the name of the Board.

We replaced

“The study was approved by the responsible Institutional Review Board.”

by

“The study was approved by the Institutional Review Board of the State Medical Chamber of Baden-Wuerttemberg.”

Comments of Referee 1 (Britt-Marie Svahn):

1. However this message could be given in fewer words.
See Editor Comment #2.

2. *I have one suggestion on page 4 when describing the success rate and HLA matching between recipient and donor: it is not just HLA matching that is important we also match for CMV, EBV and gender. This can be important information to the donor.*

We inserted

“In addition, donor age, gender, as well as cytomegalovirus and Epstein-Barr virus serology are of potential relevance for transplantation success.”

in the Background section to address this comment.

**Comments of Referee 2 (RM Jindal):**

A2. *Are the methods appropriate and well described? No*

We assume this assessment refers to the questionnaire. This issue is discussed under Editor Comment #1.

A3. *Are the data sound? No*

Without any further points of criticism given by the referee, we assume this assessment also refers to the questionnaire -> Editor Comment #1.

A5. *Are the discussion and conclusions well balanced and adequately supported by the data? No*

See comment to A3.

A6. *Are limitations of the work clearly stated? No*
We inserted

“It is unclear to which extent such differences might be induced by cultural differences between the two populations from Wales and Germany, respectively.”

in the Discussion.

A9. Is the writing acceptable? No

The revised manuscript was checked by a native English speaker. Respective suggestions led to numerous changes throughout the manuscript.

B1. The authors have not used a validated instrument to perform their study...

See Editor comment #1.

B2. No changes required.

B3. The entire manuscript suffers from a poor grammar and should be edited by a native English speaking editor.

See comment to A9.

B4. The discussion is rambling and could be cut down by 20%.

We shortened the discussion from 1045 to 803 words (-23%).

B5. It is not clear how the 12 donors were chosen for detailed semi-structured interviews. Were they randomly chosen?

This issue was addressed in the original manuscript. To be more precise, we replaced

“Interviewees were selected because their answers were uncommon or remarkable (e.g.,
donors who stated that they were not willing to donate again or who asserted that they were not emotionally affected). To reduce travel costs, only donors living in Baden-Wuerttemberg were chosen for face-to-face interviews.”

by

“Only donors living in Baden-Wuerttemberg were considered for face-to-face interviews in order to reduce travel costs. Among the 46 respondents from that state, donors with uncommon or exceptional answers were preferably chosen.”

Comments of Referee 3 (Eric M Yoshida):

1. *The methodology could be condensed with the actual survey questions summarized in an appendix or table and only a concise summary provided in the main text of the methodology section.*

The thorough description of the questionnaire was removed. Instead, we attached the questionnaire as additional file to our submission (see also Editor comment #3).

The following summary was inserted to the Methods section:

“A 9-item questionnaire (see Attachment) was used. 4 questions (Questions 1, 3-5) address the process of being informed about the recipient’s death, 3 questions (Questions 6-8) are related to donor emotions and coping strategies. Furthermore, we asked how well donors felt informed prior to the donation about the possibility that their recipients could die (Question 2) and if they would donate again for another recipient (Question 9). 6 questions allow for comments.”

2. *Likewise, the description of the statistical analysis is provided twice within the body of the methodology and could be similarly summarized in a concise paragraph.*

A paragraph “Statistical analysis” was created including information that was spread over
the Methods section before.

3. There are also some sentences that are “awkwardly” written throughout.

See Comment to A9 of Referee 2.

Further changes:

Two mistakes were corrected:

1. The allocation of returned questionnaires to the three groups is as follows: 112 from Group A, 110 from Group B, and 103 from Group C (not 113 from Group A, 112 from Group B, and 100 from Group C as given in the original manuscript).

2. 93 (and not 99) of the returned questionnaires were from the pilot phase of the study.