**Author’s response to reviews**

**Title:** Prevalence and Factors Associated with Major Depressive Disorder in Children and Adolescents at the Uganda Cancer Institute

**Authors:**

BENEDICT AKIMANA (akimben@gmail.com)

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**RESPONSE TO REVIEWERS COMMENTS**

**COMMENT:** The MS will benefit from a thorough editing since there are a number of grammatical and spelling errors that hinder the flow of the text.

**RESPONSE:** Thank you for these comments. I have done thorough editing with the help of grammatical software; I have also asked colleagues to assist in the grammar checking.

**COMMENT:** In addition, the tables have extraneous information (e.g., p values) and lack appropriate footnotes that specify abbreviations, symbols, and adjusted variables. In Table 2 under the relationship with the patient, the level 'self' needs clarification.

**RESPONSE:** The relationship named self-has been clarified with information put in the brackets, it means that the patient had come alone to the clinic, without a relative or caregiver. Please see page 9. The abbreviations and symbols have been defined. Please see page 13 and 14.

**COMMENT:** There is little discussion of the sample and representativeness relative to the population and therefore, limited evidence of external validity.

**RESPONSE:** We have clarified that this is a clinical sample and study findings can only be generalized to children and adolescents in clinical settings. Please see page 18.

**COMMENT:** Given the cross-sectional nature of the data collection, it is likely more accurate and valid to report descriptive statistics (chi-square tests and t-tests) rather than logistic regression, primarily because the temporal order of the factors is unclear.
RESPONSE: We acknowledge that we can’t determine causality since the outcome and associated factors are measured at the same time (part of the study limitations acknowledged on page 17). Bivariate analysis was assessed using chi-square tests or Fisher’s exact test for categorical variables, and independent-sample t-tests for continuous variables. Independent variables that had a significant bivariate association with major depression were then included in a multi-variate logistic regression model together to give us the factors that were independently associated with the depression. Please see page 12 showing the factors associated with depression from the bivariate analysis. Details of the analysis are explained on page 6.

COMMENT: A descriptive study lays the groundwork for a more comprehensive longitudinal study that can provide a more valid estimate of factors influencing the association between demographic, clinical, and associated factors and an incident diagnosis of major depression among children and adolescents with cancer. The interpretations of the adjusted logistic results are not entirely correct. For example, for coping strategies the text is "Children and adolescents who used self-distraction as a coping mechanism (AOR=0.21) were less likely to suffer from MDD." A more accurate description of this result is that children and adolescents with cancer were 80% less likely to endorse self-distraction as a coping strategy than children without cancer. That differs greatly from the interpretation in the paper.

RESPONSE: A better and more accurate description of the result has been provided. Please see page 14.

COMMENT: Finally, a number of statements in the discussion section are speculative at best and outside the realm of the findings from this analysis. For example, attributing low socio-economic status (which was not measured) to differences in MDD by regional residence of the patients beyond distance to the clinic, the likely primary reason for observed differences cannot be supported by the data provided.

RESPONSE: Thank you for this comment. We have removed all speculative statements outside the realm of our study findings. In particular, the statement attributing low socio-economic status (which was not measured) to differences in MDD by regional residence of the patients beyond distance to the clinic, has been removed. Please see page 16.