Author’s response to reviews

Title: Trauma- and stressor-related disorders among hematological cancer patients with and without stem cell transplantation: protocol of an interview-based study according to updated diagnostic criteria

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Author’s response to reviews:

Dear editors of BMC Cancer,

enclosed please find the final revisions on our manuscript entitled “Trauma- and stressor-related disorders among hematological cancer patients with and without stem cell transplantation: protocol of an interview-based study according to updated diagnostic criteria” (BCAN-D-19-01067R1).

Again, we would like to thank the reviewers for their feedback on the revised version. We have addressed all comments in the manuscript. Our point-by-point responses to the comments and questions can be found below.

As requested, we submitted a clean version of the revised manuscript without highlighting any changes.

Sincerely,

Peter Esser
(of behalf of all authors)

Reviewer 2
Comment 1: The authors have changed the language in the study aims and hypotheses considerably. I believe the authors now use the word "distress" for aim 3 and associated hypotheses. Does this verbiage refer to a general distress measure or specific PTSD and AD, etc outcomes?

Response: Thank you for this comment, we now have specified the type of distress where needed (page 2, lines 33-34; page 5, lines 101-102; page 6, lines 119-120).

Comment 2: Are the authors really not able to make any hypotheses about medical and sociodemographic risk factors (aim 2) using a broader PTSD and cancer literature? I wonder if some could be made. Again, because this is a protocol paper, aims and hypotheses would be of particular interest and importance to readers.

Response: Thank you for this comment, we now have added some results of broader literature for both research question 1 and 2 (page 5, lines 79-81; page 5, lines 89-96). Based on this information, we (carefully) formulated hypotheses for these research questions (page 6, lines 123-127).

Comment 3: With regard to questionnaire cutoffs for clinical significance, since this is a protocol paper would it be appropriate to include the cutoffs you will use in your analyses?

Response: Thank you for your comment. We now have specified in the statistical analyses that percentage (research question 1) is only based on interview data, whereas clinical significance will be analysed via comparison between patients and norm values in their levels of distress. We also added the minimum effect sizes we will apply to define clinical significance (page 14, lines 308-313; lines 322-323).

Comment 4: Editing continues to be needed throughout manuscript. A few examples:

p. 4, line 66 "lever" is this supposed to be "liver?"

p. 6, line 116 change so it reflects that this is a protocol paper and it is future oriented, so instead of "patients report" change to "patients will report."

p. 9, line 202 "either personally in the study institution" change to "in person."

p. 13, line 299 "dichotom" is this supposed to be "dichotomous?"

Response: Thank you for this advice. We corrected all typos you identified above and re-checked the whole manuscript for grammar and wording.