Reviewer’s report

Title: Quality of survival among symptomatic compared to PSA-detected prostate cancer survivors - Results from a UK wide patient-reported outcomes study

Version: 0 Date: 31 May 2019

Reviewer: Salome Adam

Reviewer's report:

Reviewers report

Thank you for inviting me to review the manuscript which investigates quality of survival among symptomatic compared to PSA-detected prostate cancer survivors.

Background

1. It would be helpful for understanding the problematic of the topic to see the numbers about how many men are presented either symptomatically or by a PSA test in UK and Europe/worldwide.

2. Please add statistics about how many men are requesting a PSA-test in UK, to emphasize the relevance of the research question.

3. Please state the rational for using the term «quality of survival» instead of «quality of life».

4. The term «survival prospects» is very vague. Do you mean overall 5/10 year-survival, cancer-free survival…?

5. The rationale behind the research question should be more emphasized.

Methods/Results

6. The authors describe that questions were divided into the corresponding domains, answers linearly transformed, and summary scores calculated. Please add here the corresponding guidelines.

Moreover, the authors described that reported prevalence of experiencing specific problems was based upon the proportion of men reporting moderate/big problems (...). Please add the guidelines/methodological standards based on which the authors performed this dichotomization, because dichotomization of scores can lead to loss of information. Additionally, please indicate whether the EPIC-26 can be used for comparisons based on items scores.
7. Where the results adjusted for multiple testing? (Pe et al., Lancet Oncol 2018) This issue is especially relevant for the item-based comparisons.

8. For clinicians and patients it is very important to understand whether differences in Epic-26 scores between groups are clinically relevant. That's why the authors should define in the methods the definition they used to assess clinically relevance and state whether your found differences were clinically relevant or not.

9. Table 1/ Sup Table 2: Please add results of significance tests comparing all groups and make a statement, if and how PC survivors differ by method or presentation.

10. Table Sup 4: On which sig. tests are the p-values based? Would it not be interesting to understand whether for example urinary continence differs by method of presentation for each stratum?

11. What is the average time since diagnosis of this cohort? That needs to be shown in the results. And why was time since diagnosis not considered as a confounding variable? Why were employment status, ethnicity, marital status and number of comorbidities not displayed on tables 1, 2/3 and presented in the results? Why were these factors not considered as potential confounding variables? Several studies showed in the past the importance of these variables in explaining differences in patient reported outcomes, especially functional outcomes.

12. Why is the item "problems with bloody stools" the only one, which does not significantly differ by method or representation?

Discussion

13. Is the proportion of involved PC survivors presenting via a PSA test common in UK and globally?

14. It remains unclear whether the found results are similar or not to the results of the previous performed study of Drummond et al.

15. The paragraph (page 12) about clinical differences between PC survivors presented by a PSA test or clinically is very speculative. Therefore, it is needed to compare the results of this study with the results of previous studies assessing health behaviour patterns or predictors of attendance patterns related to PC screening.

16. The authors need to be more precise in the explanation about why they believe that method of presentation is a key factor in outcomes studies - based on the argumentation on page 12 the rationale behind this strong conclusion remains unclear.

17. What is the clinical implication of that study on whether men should do the PSA test or not?
Figure 1: The EPIC-26 questionnaire is not an instrument to assess depression. Please correct that mistake.

Why does figure 1 shows the prevalence of "feeling depressed" and lack of energy, when these issues where not discussed in the paper?

Minor:

The authors describe that the study of Drummond et al was performed "recent". However, the corresponding paper was published in 2016 and the study was performed in 2011.

Figure 1: Please indicate whether differences are significantly different also in the figure.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable
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