Author’s response to reviews

Title: Development of an inventory of goals using the International Classification of Functioning, Disability and Health in a population of non-ambulatory children and adolescents with cerebral palsy treated with botulinum toxin A

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Author’s response to reviews:

Dear BMC Pediatrics Editorial Office,

I am writing to resubmit for publication the second revised version of the manuscript titled: “Development of an inventory list of goals using the International Classification of Functioning, Disability and Health in a population of non-ambulatory children and adolescents with cerebral palsy treated with botulinum toxin A” (BPED-D-16-00453).

Editor Comments:

1. Table 3 presents clinical details for individual patients. Consent for publication would be required for these data to be presented in your manuscript. If this consent was obtained, then this must be declared under the relevant heading in your declarations section. If this consent was obtained, then we would advise that you further anonymise these data by removing the age of the participants.

ANSWER: We have removed the “age” column from Table 3 to further anonymise the data.

2. Add a note in the “Declarations” section of the manuscript to clarify the funding received for the study.

ANSWER: We have added the following note to “Funding” under the “Declarations” section:

“Not applicable. There are no sources of funding to declare for this research.”
Reviewer #2 Comment:

1. The basis of recruiting only 20 subjects based on the fact stated in Subject characteristics ‘Participants were recruited until no new additional goals were provided, and data saturation was reached’ is confusing. How do you determine there are no new goals could or should be added and stopped recruiting after 20 subjects recruited? What does it mean ‘data saturation was reached’.

ANSWER: We provided additional clarification about how data saturation was reached in this study, under Subject Characteristics in the Methods section:

“Data saturation was continuously assessed by the student research assistant who recorded field notes of the frequency and types of goals that were raised by parents. Data saturation was identified to be reached based on a discussion with the research team, and sufficient information was acquired to demonstrate common goals that were frequently identified by parents in the clinic.”

Data saturation refers to the notion that no new ideas are raised by participants, and the data that is provided by participants has been “saturated” (1). Prior qualitative research indicates that data saturation is often achieved after 10-20 interviews, and the main themes are often identified after 6 interviews (2-4). Based on a discussion with the research team and based on the student researcher’s field notes, data saturation was identified to be reached after 20 interviews and no new goals were identified by participants.

References:


(4) Mason M. Sample size and saturation in PhD studies using qualitative interviews. Forum: qualitative social research 2010;11(3).
Additional Note:

1. Table 3 was included as an additional table based on a suggestion raised by Reviewer 1. The following paragraph was included in the manuscript as a reference to Table 3, under the Results section:

“Most children received BoNT-A treatment after the interview. We reviewed the child’s medical charts to document the changes that were observed from BoNT-A injections, which were categorized as positive, negative, or neutral changes (Table 3). The changes that were observed by the healthcare professional team were similar to the goals raised by parents, such as reduced muscle tone, increased range of motion, and ease of caregiving such as dressing and personal hygiene.”

Kind regards,

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