Author’s response to reviews

Title: A Research Study Review of Effectiveness of Treatments for Psychiatric Conditions Common to End-stage Cancer Patients: Needs Assessment for Future Research and an Impassioned Plea

Authors:

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SUBJ: Manuscript Submission, BPSY-D-17-00715

RE: Revision and Resubmission

Dear Sir(s):

Attached please find a copy of my revised manuscript entitled, “A Research Study Review of Effectiveness of Treatments for Psychiatric Conditions Common to End-stage Cancer Patients: Needs Assessment for Future Research and an Impassioned Plea” for inclusion in your journal.

I greatly appreciate both Reviewer’s insightful and practical commentaries as well as your encouragement to undertake the necessary revisions so that it can be published with all due
speed. I regret any delay in my response and re-submission. Any delay in re-submission was the result of submitting the manuscript to a professional copy-edit and English proofing service. This was done specifically in response to Reviewer #2’s comment that ‘sentence construction was complex at times making it hard to follow’ and there appeared to be ‘repetition of ideas and overly complex language.’ The professional editing service provides a certification of the work done and I can provide that to you on request. One risk with the methodology and the subject matter is that, since the science and some of the scientists are the same across the disciplines, the patterns or themes identified may appear the same or repetitive even though it’s actually in different areas of study. It’s just the nature of the beast but it’s also one of the advantages and beneficial aspects of this particular method. Nevertheless, the editing service was employed to reduce the appearance of repetitiveness as well as simplifying seemingly complex sentence structure, thereby reducing the tedium to readers and address one of Reviewer #2’s concerns.

This response letter will first address those items on which Reviewer #1 and #2 agreed and then treat the matters that each Reviewer raised separately.

(1) Background Line 139 (original manuscript), “internet amalgam” rather than a lengthy explanation Line 136 (new manuscript), this was revised to read “on-going and expanding internet compilation.” This wording better conveys the concept of an internet document on psychiatric treatment effectiveness that is growing and continuously updated. What was probably hanging things up was the word “amalgam,” which was confusing and needed to be replaced.

(2) Abstract Results Line 809, Results line 178, Typical (Traditional) Anti-psychotics Line 188, SSRIs Line 256, Psycho-stimulants Line 358 (original manuscript), “gold standard” was replaced with “best practices benchmarks” (New manuscript Lines 81, 170, 180, 248, and 349) for describing those psychiatric medication that are conventionally considered the standard, the bar, or the precedent to be met or exceeded in terms of therapeutic effectiveness. Yet, the use of the term “gold standard” was retained for depicting CCTs as the absolute most rigorous and best scientific test of intervention effectiveness. I have published several articles referring to CCTs as the gold standard for comparative research. Nevertheless, regarding end-stage cancer patients, I take exception to Reviewer #2’s contention ‘there are no gold standard psychiatric treatments.” Indeed, that exact term is used to describe preeminent psychiatric treatments for end-stage cancer patients in Milovic and Black 2007[2], Thekdi, Trinidad, and Roth[19], and Breitbart & Dickerman 2017[23]. Evidently, it is used commonly in the context of describing preeminent psychiatric therapies, at least preeminent psychiatric treatments for end-stage cancer patients. However, as both Reviewers found its use abhorrent, the term “gold standard” was revised accordingly.
(3) Results Nabalone Page 22 Line 436 sentence reworded (per Reviewer #1) and balanced and included (per Reviewer #2) a P value.

Reviewer #1

If I could I would employ Reviewer #1 as an editor for his insistence on precision in use of language and editorial license. I variously incorporated all of this Reviewer’s suggested linguistic and cosmetic revisions throughout the manuscript. This Reviewer definitely has poise.

(1) Methods Page 8 Line 154-55 (original manuscript), “study reported herein (see Figure 2)” was replaced with illustrated in Figure 2 (Line 152 new manuscript).

(2) Methods Page 8 Line 163 “Fortuitous Theoretic” was omitted and replaced with “Grounded methodology” (Line 159 new manuscript).

(3) Methods Page 8 Line 167 (original manuscript) “Nevertheless” omitted (not needed anyway).

(4) Methods Page 9 lines 171-173 (original manuscript) Note… omitted (not needed anyway, Line 166 new manuscript).

(5) Results Page 10 Line 205 (original manuscript) “efficacious” replaced with “effective” (Line 197 new manuscript).

(6) Results Psycho-social Line 521 “Remarkably” replaced with “Notably.” Remarkably probably conveys the impression of something astounding when it is something worthy to remark on—hence “remarkably.” Notably conveys the same inference while avoiding the sense of hyperbole. All other uses of the word “remarkably” have been removed.

(7) Discussion Page 28 Line 561 “disserve” replaced with “deserve.”
I thank Reviewer #1 for his encouragement in that he feels this is an excellent, well-researched, and reported/written article that is engaging.

Reviewer #2

I would definitely include Reviewer #2 as a co-author for her informed yet critical optic that caused me to re-examine and temper anything that might seem excessive and even bordering on erroneous. Some of Reviewer #2’s comments were sobering and thought provoking.

(1) “Psychiatric-copia” (Line 149 old manuscript) was replaced with “psychiatric pharmacopeia, Line ”. Agreed, the English language does allow for license for creativity and inventiveness, which does not mean that license should be exercised even in quotations. Agreed, at minimum you risk losing your audience.

(2) Adjustment Disorders Line 404 (old manuscript) “psycho-chemo therapeutic” was replaced with “psychiatric medication” (line 396 new manuscript)

(3) This article never proposed to intentionally follow the PRISM protocol, though it is a systematic review in accordance with the logical process of Grounded Theory and Methodology. Yet, in comparing the PRISM checklist, most, if not all the checklist items were more of less followed serendipitously with of course the exception of providing numbers of articles involved in the sifting process that lead to the inclusion of articles. I have provided numbers appropriately in Figure 2. Of course, at the end point there can be no more counting as some articles represent more than one type of psychiatric malady and to further count risks double counting. But the depiction conveys the magnitude and Herculean effort involved with the scholarship of this work as well as its comprehensive representativeness. And I must thank Reviewer #2 with the opportunity to provide this information.
Nevertheless, at this point in Review #2’s review she makes some mutually countermanding and double-binding suggestions for revisions. Reviewer #2 requests jettisoning the Figures as they are superfluous. Yet, this is where the numbers of articles and where they fit in the sifting process should go. Then Reviewer #2 requests the inclusion of a laundry-list table of all 238 studies (approx. 18-20 more pages even at 10 pica) including their numbers enrolled, intervention type, authors, title, results etc, etc… All this while insisting that the manuscript is too long, redundant, and needs to be reduced.

It almost seems as if there is a call for a completely different study rather than the one under review and consideration. Admittedly, Reviewer #2 concedes this is a qualitative/thematic study, but then serially and implicitly calls for counting and quantitative metrics. As Reviewer #1 notes, the theoretically grounded methodology that produced the thematic analysis is the beauty and charm of this manuscript. To Reviewer #2’s implicit calls for a different study, all I can reply is, the study is what it is. It is difficult, if not impossible, to address the criticism that the study should have been something else. Note: Orthodox PRISM, though ensuring a guaranteed standard, un-tempered readily lends itself to lengthy, tedious and repetitious laundry-list reviews.

Nevertheless, in the interest of space while balancing “providing truly interested readers with a sense of comparative usefulness in order to make appropriate judgements,” (Line 22 new manuscript) in the Address Correspondence portion of the manuscript readers are directed to whom, where, and how they can receive a copy of such a laundry-list table. Also, it should be noted that each reference in the Reference section of the manuscript provides links to where readers can easily obtain the articles for comparison—and it would appear from Reviewer #2’s review she variously used it just for this purpose.

(4) The Figures will be retained despite Reviewer #2’s insistence that that they be unilaterally jettisoned ‘as not providing any more information than in the text and hence redundant.’ Some readers are visual learners and figures for them encapsulate and communicate information with emphasis. They hammer important points home, especially Reviewer #2’s request for number of articles and the comprehensive breadth and depth of scholarship involved in deriving the end-product—this manuscript. Illustrations also break-up the tedium, which Reviewer #2 also seems to want. Note: I find it peculiar and almost incomprehensible that a journal would even consider including Figures that were unrelated to any explanation or description in the articles? That just does not make sense. Isn’t that what Figures are for, that is, to enhance and emphasize important points in the text?
(5) Typical (Traditional) Anti-psychotics, Line 200-202 (old manuscript), this was not a serious error of interpretation but a substantive substitution of hypo for hyper (Line 193-195). The prefix has been corrected, and the sentence has been re-worded and clarified.

(6) New Generation Anti-psychotics, Line 208-210, there was a clarification that new generation anti-psychotics (like haloperidol) can be administered parenterally (Line 203 new manuscript).

(7) “Paliperddone” was merely a typo and corrected (Paliperidone Line 224 new manuscript)“.

(8) ECT Page 19, Line 378 (old manuscript), the therapeutic value of ECT that Reviewer #2 passionately reminds was duly noted preceding the Winnell and Roth referenced comment on the ethical implications of delivering shock treatment to dying cancer patients. I acknowledge Reviewer #2s feeling about the “absolute wrongness” of Winnell and Roth’s depiction of ECT in terms of therapy with End-Stage cancer patients. Yet, I am merely reporting Winnell and Roth’s concerns with a referenced citation, not necessarily supporting or agreeing with their contention. Simply put, don’t shoot the messenger just because you don’t like someone else’s message—shoot them instead. Also, it would be unethical not to report the concern they raised. Indeed, ethical concerns despite the overriding benefits of the therapy was why they raised it in the first place. Nonetheless, I revised/softened the sentence to lessen its sting (Lines 373-374 new manuscript).

(9) Adjustment Disorder Page 20, Line 401-404 (old manuscript), might be “non-standard according to Reviewer #2 but it precisely summarizes, if not reflects very closely, #1 of the DSM-V definition of Adjustment Disorder. Hence, the rather gratuitous DSM-V references (Line 396-400 New Manuscript).

(10) The issue of substituting a massive summary table for the in-depth qualitative analysis has already been addressed previously in this letter.

(11) Meaning-Centered and Dignity Therapy, Page 24, Line 429 (old manuscript), Reviewer #2 may feel the use of the term “half-life” should only be used in medication studies but it has been used and will increasingly be used in the increasing number of scientific studies of the effectiveness of psychological therapies. Hence, the citations I provide for the use of the term’s
justification. Indeed, I have written scientific bench research articles depicting the effectiveness of psycho-social interventions in terms of retention of material using the concept of “half-life” metaphorically. What? Only medication and radiation studies have intellectual property possession of that great concept? Why do they have a lock on the market? Isn’t there such a thing as technology transfer? Now I am a bit perplexed and offended!

(12) Orientation and CBT, Page 25, Line 509 (old manuscript), the type of psychotherapy was clarified (Line 500 new manuscript).

(13) Non-standard referencing. The manuscript generally adheres to Vancouver/JAMA referencing style as it is a medical journal to where the manuscript has been submitted. Where there are deviations it is to accommodate non-standard references and aimed toward the inclusion of the most information for readers to seek-out cited materials.

(14) Sweeping statements without a replete accounting of all the evidentiary particulars has been addressed herein previously. Nonetheless, no factual/declaratory statements have been made without reference or citation. A laundry list table of studies not only would expand an already large article substantially but also create a sense of complexity and repetitiveness that Reviewer #2 wants to also avoid.

I really appreciate Reviewer #2’s passion and her vote of confidence that this: (1) was a worthwhile and useful exercise; (2) that the attempt to provide evaluation of non-psychiatric treatments merits the price of admission; and, (3) her observation about the lack of dedicated and systematic review in this area implicitly warrants the manuscripts widest dissemination. I greatly thank Reviewer #2 for her corrective and circumspect optic, and note that her kind intercession is the fundamental reason and foundation for the peer review process. This Reviewer definitely has equipoise.

I cannot thank Reviewer #1 and 2 enough for their interest and intense involvement in the subject matter, their constructive suggestions, and commitment to improving the end-product manuscript in particular and the scholarship in general. Their uncanny insight, subject matter expertise, and help added to polishing the patina of the manuscript and hopefully fashioned it into a high-quality piece worthy of publication in your prestigious journal.
Understand, I am very committed to this project and I am underwriting production costs myself, which in this era of austerity are considerable.

Therefore, I look forward to a decision no later than: February 15, 2018.

If you have any questions etc…. do not hesitate to contact me (rjjohnson@mdanderson.org; jay.johnson@us.army.mil; 832-372-3511), and I will be delighted to respond

Thank you in advance for your consideration and commitment and I look forward to seeing the manuscript in print in BMJ.

Very Respectfully Yours,

Jay Johnson, Ph.D., PA-C, MAT, MHAS

Houston, Texas

PS Most of the consternation regarding this manuscript involved the use of language. Or to paraphrase what Bernard Shaw once quipped: the problems between the British and Americans are due to the fact that they do not speak a common language. ♀