Author’s response to reviews

Title: Health Related Quality of Life: a retrospective study on local vs. microvascular reconstruction in patients with oral cancer

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Response letter OHEA – D- 18 _ 00580:

Dear Editor, dear reviewers first of all, thank you for considering and reviewing our submission. We tried to implement your suggestions as best possible. We are looking forward to your response and hope for your approval. The following sections are meant to be point to point responses to arisen questions and amendments referring to page and line in the manuscript. Since we decided to rearrange multiple segments all changed parts are highlighted. We erased Figure 2 due to the suggestion of Reviewer 2 and added table 6 (page 16). The discussion part was rearranged and a section about reasons for HRQOL loss in the MVR group was added. Furthermore a small part about clinical advantages of local reconstructions was added.

- Page 8, line 16 ff. and page 9, line 18 ff.

Reviewer 1 Jose Leopoldo Ferreira Antunes, PhD:

1. Length of the sections: In our perception the introduction is adequate. Material and methods and the results were extended regarding inclusion and exclusion criteria and multivariate analyses.
2. Time from surgery to survey was also added to both sections.

3. The discussion was extended in different details especially regarding postoperative time.

4. As you commented we added and explained the allocation of the patients to the two groups in methods.

5. Concerning the UICC classification only the T category was relevant for our underlying issue. Patients with M+ status were not considered in this study. The N status only had direct influence on the decision of neck dissection and was not further investigated. We don’t think that this is a limitation factor.

6. Regarding ICD encryption: The alveolus as a tumor site is covered ICD localization as you can find as C41.02 and C41.1. The term “buccal” mucosa is applied similar to “cheek” mucosa. But we see no reasons to add ICD codes to the manuscript. The specific localizations are found in Tab.2.

7. The scoring and interpretation of the UWQOLQ in terms of number 0 – 100 is explained in Material and methods: 0-20 as “very bad”, 20-40 as “bad”, 40-60 “moderate”, 60-80 “good” and 80-100 “very good” health related quality of life as suggested by the authors of the UW-QOL. Initially we had two average scores one for physical and one for social health. We left that for clarity reasons.

8. We extended the part of limitations.
9. We added a section further investigating the time from surgery to survey as also demanded by the 2nd reviewer (see above).

10. We reconsidered our statistical output and did multivariate analyses using different models to investigate interaction effects. We did not find any interactions.
   ➢ page 5, line 21 ff; page 7, line 3 ff.

11. Abstract “tumor side” was corrected to “tumor site”.
   ➢ Page 2, line 24.

Reviewer 2 Mario Pérez-Sayáns:

1. We added a section further investigating the time from surgery to survey results: Page 6 from line 28 and discussion page 9, from line 23.

2. We erased Figure 2 in favor of a multivariate analyses table 6 (page 16).