Reviewer’s report

**Title:** Self-efficacy for Coping: Utility of the Cancer Behavior Inventory (Italian) for Use in Palliative Care

**Version:** 0  **Date:** 26 Jun 2018

**Reviewer:** Maxwell Vergo

**Reviewer’s report:**

This manuscript looks to assess the validity of a modified CBI-B tool in an italian population to measure self-efficacy in coping. The authors argue that this is important as it is important to have 'active agents' who are engaged in their care plan, particularly palliative care patients. They also assess associations between the CBI-B/I and other measures of QOL, adjustment, concerns, anxiety/depression, and performance status.

I hope my review will help the authors strengthen their manuscript.

**Background:**

1. First reference citation starts with #10. Re-number starting with #1.

2. First paragraph-- authors should consider briefly reviewing what literature exists linking QOL with coping self-efficacy. Seems this manuscript is not trying to forge new relationships here, but rather assuring the same associations that exist with the other verions of the CBI-B continue to exist with the CBI-B/I. Therefore, the readers need to know what is already known. They would then expect the manuscript to include measures that were included in previous studies.

3. 'palliative and supportive' patients is not description enough -- very broad. I like the definition in inclusion criteria-- those who have incurable cancer who may or may not be getting therapies for life extension or palliation of symptoms.

4. Reference #25: better references exist for this claim. I found the following which the authors should consider including.

   Psychotherapy for depression among advanced, incurable cancer patients: A systematic review and meta-analysis. Okuyama T, Akechi T, Mackenzie L, Furukawa TA.


5. I found the first page of the Background a bit confusing. I would suggest at least starting with Page 2, line 1 and moving on from there. Not sure the first page is really needed since this manuscript is not trying to prove new associations but confirm past associations with an Italian version of the CBI-B/I.

6. Page 2, 2nd paragraph: Simplify or split up second sentence -- hard to follow.

7. Page 2, 3rd paragraph: this seems to indicate coping self-efficacy is not well studied in palliative care populations. Is that true? If so, then the focus of the manuscript should move from validity to exploring the construct of this measure in this population. It is my impression there is a fair amount of data about coping self-efficacy in advanced cancer patients, so I don't think that is where this manuscript is heading.

8. Why are the authors looking at this coping self-efficacy tool instead of others used in this population? Are there advantages to this one? Please explain in background.

Methods:

1. Who determined cognitive impairment? Study personnel or treating clinicians. Please include in methods.

2. 2nd paragraph of methods should be a Table 1 with enrolled pts demographics and should be in the beginning of the Results section.

3. Consecutive enrollment-- need to know the enrollment rate (# screened, # approached, # enrolled). Also, how long did enrollment take. This helps the reader understand how biased the population may be (speaks to generalizability).

4. Under measures, CBI-B/I should be listed first given it is the tool of interest.

Results:

1. This was the first area (reference to Figure 1) where I understood the 4 factor model the authors were hypothesizing. This should be emphasized and clearer in the methods section.

2. In general, tables need to have what a statistically significant p-value is defined and any abbreviations spelled out under the tables to a reader can interpret the table without having to go back to the body of the manuscript.

Discussion:

1. Second paragraph: The authors propose that improving coping may improve symptom management, but they need to emphasize the opposite is also equally valid -- patients with less
symptoms, better functional status, less cancer concerns are those that are coping the best (ie. have the least amount of burden weighing them down and causing stress).

2. Third paragraph: 'distraction and not thinking about one's illness may, in fact, reduce emotional distress' needs another sentence or two putting those dots together for the reader.

3. Define Fatalism a bit more; that may not be a concept known to the readers (as opposed to Fighting Spirit and Cognitive Avoidance which seem more self-explanatory).

4. Limitations: please explain what is meant by 'nonrandom' population. there is no intervention here so I am not sure how you would randomize. Also, consecutive enrollment tries to minimize selection bias that can come with these studies (ie. clinicians select patients who are coping best and most able to consent and participate in a study). Also, should add the following biases: 1) this is only one point in time so this only speaks to associations and not causality. 2) Potential selection bias (enrollment percentage will help with quantifying the risk of this bias).

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

Yes

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

Yes

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

Yes

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

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Please indicate the quality of language in the manuscript:

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