Author’s response to reviews

Title: Health Related Quality of Life of Gynaecologic Cancer Patients attending at Tikur Anbesa Specialized Hospital (TASH), Addis Ababa, Ethiopia

Authors:

Birhanu – Ayana (birhanua31@gmail.com)
Shiferaw Negash (shiferaw_negash@yahoo.com)
Lukman Yusuf (Lukman80@hotmail.com)
Wendemagegnhu Tigeneh (tigeneh@yahoo.com)
Demewoz Haile (demewozhaile@yahoo.com)

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Author’s response to reviews:

Point by point response

Manuscript Number: BMWH-D-17-00020

Title: Health Related Quality of Life of Gynaecologic Cancer Patients attending at Black Lion Hospital, Addis Ababa Ethiopia

Journal: BMC Women Health

Reviewer 1: Jeremy Jonathan Owen Herod, BSc. MBChB (Hons). MRCOG

We appreciate the concerns on the manuscript. We followed all your excellent comments and corrected accordingly in this version. We are lucky to have you as a reviewer. Your comments improve our manuscript a lot.

Comment #1: Decide if you are writing in English or American English. English uses the term 'Gynaecological' whereas American uses 'Gynecologic'. These are frequently confused or misspelt throughout the manuscript. Importantly you need to choose which you wish to use for your keywords. Examples at Line 26,46, 68, etc etc etc

Response # 1: Comment accepted and revised accordingly. The word 'Gynecologic' is replaced by the term 'Gynaecologic’ and used as key word as well.
Response #2: Comment accepted and revised accordingly. The word ‘sequel’ is replaced by the term ‘sequelae’ and used as key word as well.

Comment #3: replace 'got' with 'has received greater'
Response #3: Revised accordingly

Comment #4: Please note that although I am trying to help with lots of suggestions to improve the written English of the paper I have not fully proof-read the paper for you and that does need to be done.
Response #4: This version is proof read by the native English speaker.

Comment #5: Replace 'about' and use 'with'
Response #5: Revised accordingly

Comment #6: Line 88: I would use: However patients who had previously received oncological treatment were excluded from the study.
Response #6: It is absolutely better description. We accepted your recommendation.

Comment #7: 103-110: You need to include a much more extensive description of the patient characteristics. There is no description of stage etc which as you acknowledge later is an important determinant of symptoms and QOL.
Response #7: This is absolutely right comment. But the detailed socio-demographic characteristics of the study subjects were described in detail in the previous paper published that tested the validation and reliability of tool. We included this statement, “The socio-demographic characteristics are depicted in table 1 of published article of the validity section (Ayana, Negash et al. 2016).”
Comment #8: Your results section fails to include data that you then go onto discuss in the discussion section of the manuscript. If you are going to talk about the relative effects on QOL of different tumor sites then you need to include the data in the results section. You have not done this. Basically the results section feels very incomplete and I would extensively revise it

Response #8: we have done an extensive editing to make the manuscript easier for readers to understand.

Comment #9: Line 113-114: you need to adjust the placement of the results in these lines. There are two numbers together but each should follow the description that they refer to: It should read 'social function 42.26 (SD±32.08), was the most affected domain followed by role function 50.12 (SD±35.11))'

Response #9: Comment accepted and revised accordingly

Comment #10: Line 122: "Patients coming out of Addis Ababa have" should read "Patients coming from outside Addis Ababa have"

Response #10: Thanks for the comment. Revised accordingly

Comment #11: Line 128: similar point to Line 122 above

Response #11: Revised accordingly

Comment #12: Line 145-6: Age, ethnicity and religion were not found not to affect any of EORTC QLQ-C30 scores in a significant manner. This SENTENCE DOES NOT MAKE SENSE. NOT SURE WHAT YOU ARE TRYING TO SAY BUT NEEDS RE-PHRASING

Response #12: We did not find any significant association between those variables (age, religion and ethnic group). However your comment is valid, the variables are not so important for intervention and we better to remove the sentence to keep the coherence of the paragraph. So it is revised accordingly
Comment #13: Line 151-2: Where are the references linked the following statement? Studies done in Tanzania and Indonesia have also shown financial difficulty to be the highest score among the symptom scale with a mean value of 84.2, 83.34 respectively

Response #13: Thank you very much. We have revised the statement and the appropriate references are cited in this version

Comment #14: Line 153: insert 'the' prior to 'second'

Response #14: Revised as ‘the second and the third’

Comment #15: Line 153: referring to ‘a couple of studies’ is not good practice. You need to be more precise in your writing

Response #15: Comment accepted and amended as ‘Turkish and Malaysian studies show that either of the two will be the highest’

Comment #16: Lines 154-8 Replace - 'This can be due to the inaccessibility of the oncology service and lack of health insurance in Ethiopian setup. The mean score for GHS in this study was 40.95 bit lower than the Tanzanian report (50.5) done among all types of cancer[10]. This difference could be attributed by the difference in socio-demographic, cancer type and health services access between the two communities.'

with

'This may be due to the inaccessibility of the oncology service and a lack of health insurance in the Ethiopian setup. The mean score for GHS in this study was 40.95 which is a little lower than the Tanzanian report (50.5) performed amongst all types of cancer[10]. This difference could be attributed to the difference in socio-demographic group, cancer type and access to health services between the two communities.'

Response #16: This is absolute generous help to improve the quality of our manuscript. Thank you very much. The revised version is amended as recommended

Comment #17: Line 162-4 Replace - 'In one Iranian study[11] it was found not correlated in any of the scores where as a study done in Turkey[12, 13] showed married participants to have a low score in emotional function in contrary to ours; which shows a positive correlation with emotional function and a negative with appetite loss[3, 14].'
'In an Iranian study[11]there was no correlation found in any of the scores whereas a study done in Turkey[12, 13] showed married participants to have a low score in emotional function. This contrasts with our findings that show a positive correlation with emotional function and a negative correlation with appetite loss[3, 14].'

Response # 17: Revised accordingly

Comment #18: Line 165: replace 'has' with 'have'
Response #18: Corrected accordingly

Comment #19: Line 168: replace 'for free' with 'free of charge'
Response # 19: Corrected accordingly

Comment #20: Line 172 Omit ‘ has’
Response # 20: corrected accordingly

Comment #21) Line 180-181: Why is the information you are referring to not in the results
Response # 21: This is valid comment. We have included the finding in the result section and revised the discussion.

Comment #22: Another point is that I did wonder if you have considered the use of a control group. It is difficult to know what the QOL indicators mean if they are not compared to those of the background population. That may be a piece of work for the future though
Response #22: Yes you are right. This is the major limitation of the study. But we are looking further studies in broader scale to quantify the quality of life among cancer with appropriate comparison group.
Rauf Ghani (Reviewer 2):

An excellent study. No further comments.

Authors’ response: Thank you for revising our manuscript. It is great honor for us to see our manuscript rated as an excellent study by renowned scientist.

In addition to your comments we have made some modifications.