Author’s response to reviews

Title: EVALUATION OF PSYCHOSOCIAL ASPECTS IN PARTICIPANTS OF CANCER GENETIC COUNSELING

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Version: 1 Date: 21 Aug 2017

Author’s response to reviews:

Prof Jan Lubinski, Pomeranian Medical University, Poland
Prof. Rodney Scott, University of Newcastle, Australia
Prof Rolf Sijmons, University Medical Center Groningen, Netherlands
Editors-in-Chief of Hereditary Cancer in Clinical Practice

Dear Sirs,

Please find attached our manuscript entitled: "EVALUATION OF PSYCHOSOCIAL ASPECTS IN PARTICIPANTS OF CANCER GENETIC COUNSELING" (HCCP-D-17-00004). You will find three files, including the manuscript (one file) Figure 1 (one file) and this cover letter (one file). The manuscript has been revised point by point in response to the reviewers’ comments.
The authors would like to thank the editors and the reviewers for their helpful and invaluable comments, which will greatly improve the quality of our scientific manuscript. We have carefully addressed all the comments. The corresponding changes (highlighted in yellow) made in the revised paper are summarized below.

**REVIEWER #1:**

You may consider to rewrite introduction with a clearer main aim of study, and stating the reasons for conducting the study. I understand that you have developed a tool (PHI) that you hypothesize will be more suitable for screening for psychological problems in patients opting for cancer genetic counseling, than HADS. In my view your main aim is therefore to compare PHI with HADS in your population? Have HADS shown in some way not to identify important psychological aspects, or do you believe the PHI is a better tool for describing nuances in psychological health in a population opting for cancer genetic counseling? I think it would be good to clarify if you are trying to validate this new tool for use in different populations or if you are giving a descriptive analysis of your population's psychological profile, which is of course also very interesting

1. In order to clarify the aim of this study and the potential application of our results, the introduction was rewritten according the Reviewer # 1 comments (Pages: 3-4).

2. The purpose of the present research was to compare HADS versus PHI in a Mexican population in order to demonstrate the advantage of PHI in combination with HADS (Page 4: lines 19-21).

Your main conclusions and "next step" on the last pages will be linked to this. Is the main conclusion to draw from the results you present that this tool must be administered by psychologists trained in oncology? This will make your tool less used in the daily work of many departments I think, as I believe there are more doctors and genetic counselors meeting these patients than psychologists.

1. We modified the Recommendations and the Next Steps section, highlighting the potential application of HADS and PHI in participants of the Cancer Genetic Counseling Program (Page 14: lines 2-13).

2. The Conclusions section was modified (Page 15: lines 2-8):
a) The PHI allows identification of important psychosocial aspects in CGC participants. The combined use of HADS and PHI offer more advantages (Page 15: lines 2-3).

b) The PHI could be used by any health professional in CGC, especially by psychologists with training in CGC (Page 15: lines 3-4).

p.12 First paragraph - Some of this could be moved to introduction.

1. The importance of the assessment of psychosocial aspects during CGC was incorporated into the introduction (Page 4: lines 4-21).

p. 13 line 28: Why do you think you have a higher frequency of depression in your study compared to other studies on psychological problems in patients opting for Cancer Genetic Services? Was this found in both HADS and PHI

1. This fact was addressed in the Discussion section (Page 13: lines 1-4).

Tables:

Need some more work, but the tables illustrate very nicely how PHI pinpoints details in problem areas, probably more broadly identified by HADS. Please state HADS vs PHI on the relevant columns, as this will make it more intuitive to read.

1. The tables were modified.

a) Table 2. Comparison of anxiety and depression sub-scales (HADS) versus recurrent worries and grief referred in the psychological health interview (PHI) (Page 25).

b) Table 3. Comparison of the anxiety sub-scale obtained of HADS versus type of worry and sleep problems of PHI in participants in cancer genetic counseling (Page 25).

Wording and phrases: Suggestions for improvement/simplifications:

p.2 line 8: Denominated = called

p.3 line 45: "affectations" is not a common English Word and must be defined, or use a different word
p.4 line 7: adherence = compliance?
p.4 line 12: Evaluation or intervention - what do mean by this?
p.4 Unclear paragraph: line 35-40 starting with The Genetic Counseling Services...
1. The word denominated was changed to called (Page 2: line 2).
2. We used the word implications instead of affectations.
3. The word compliance was used instead of adherence (Page 4: line 2).
4. In order to avoid any confusion generated by the use of the words evaluation and intervention, the sentence was modified (Page 4: lines 4-6).
5. The unclear paragraph starting with “The Genetic Counseling Services” was removed.

Methods:
p.5 line 28-29: Maybe give percentage of patients going through With the study 110/180 = 61%
p.9 line 17: Remunerative = ?
1. The percentage was included in brackets (Page 5: lines 10-11).
2. The word remunerative was removed.

Discussion
p.12 line 17: "focused on the psychological area" - unnecessary sentence?
1. The sentence was removed.

REVIEWER #2:
Developing effective tools to diagnose patients requiring special psychological support is still an important task. This seems particularly important for oncological patients and those undergoing Cancer Genetic Counseling. The authors undertook an effort to create a dedicated tool
(Psychological Health Interview - PHI) for detecting mental and wellbeing disorders and compared it to the commonly used Hospital Anxiety and Depression Scale (HADS).

The results are very promising and suggest that it is worth using a tool created by the authors to increase effectiveness of psychological diagnosis.

Hence, I believe that this is an important paper and deserves a publication.

Minor essential revisions:
1. Please correct the word "Anxiety" in Figure-1

2. Please correct Table 2 and Table 3. The parameter name should be in the same line as the values.

   1. The word “Anxiety” in Figure 1 was corrected.

   2. Tables 2 and Table 3 were corrected

ADDITIONAL IMPROVEMENTS:
1. Dr. Paul Callahan proofread the manuscript.

2. The importance of alliance with other institutional programs was highlighted (Page 13: lines 13-17).

Thank you in advance,

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