Author’s response to reviews

Title: The EMPCAN Study: Study of The Evolution of The Socio-Economic Position of Workers With Cancer. Study Protocol of a Population-Based Cohort Study.

Authors:
Regine Kiasuwa Mbengi (regine.kiasuwambengi@sciensano.be)
Victoria Nyaga (Victoria.NyawiraNyaga@sciensano.be)
Renée Otter (renee.otter@gmail.com)
Christophe de Brouwer (De.brouwer.christophe@ulb.ac.be)
Catherine Bouland (Catherine.bouland@ulb.ac.be)

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Author’s response to reviews:


Regine Kiasuwa Mbengi; Victoria Nyaga; Renée Otter; Christophe de Brouwer; Catherine Bouland

Archives of Public Health

Reviewer #1: This paper describes thoroughly the design of the EMPCAN study.

The study seems to be well set up and aims to describe the return to work after certain types of cancer using several administrative Belgian datasets.

Just a couple of points below:

- Abstract: what do the Authors mean when they talk about "Epidemiology" is used in order to...Epidemiology is an extremely broad term and they should be more specific here.
ANSWER In sickness absence studies, it is recognized to be very important to clearly state the discipline in which the study is performed, as the results very much depend on the discipline. We could have used law, philosophy, medicine, psychology, etc. But we fully agree that it is too broad, so we modified it in the abstract and specified the models used.

- Why are the authors collecting information on 14 different states (that relate to socio-economic position) while then declare they will be using only 4 of them in the analysis?

ANSWER: As we asked for raw data, we had to foresee/ask all possible socioeconomic status that an individual can have in Belgium to ensure that we had the information for all our included patients. The four status used, e.g. for the multistate model, are recoded based by ourselves on the 12 status observed; they do not exists as such, so we could not directly ask them.

In future studies, we would also like to deepen the analysis of the status to better understand socio-economic status specificities (e.g. among those who do not work, how many because health status or other reasons, etc.)

- A major limit of the study consists in the lack of personal information. Are people with a cancer diagnosis even willing to go back to work? (ANSWER line 313)

It would also be important to know if people have other co-morbidities. That would be an important determinant on how soon they can go back to work. The authors should discuss in a bit more length the lack of this type of information.

ANSWER We thought that the limits presented within the lines 311-318 were sufficiently addressing the limits of the EMPCAN study. However, we added the importance of comorbidities in the limit section (318-320).

In parallel of this study, we have performed a observational study, where 225 cancer patients have been asked about these aspects. As it is not part of the specific objective of quantifying the RTW, but more to understand and interpret the results, we did not mention it. However, we address this issue now in the discussion section.

Reviewer #2:
Abstract

Objectives should be found in the Background section.

ANSWER Ok we made some changes to make it appearing more clearly

The Methods section is not well written. This section should present what kind of study the researchers will perform, which population(s) they will include, etc. This information does not appear for the moment. In addition, what do the authors mean by "epidemiology"? This could mean a lot of things …

ANSWER ok, thank you for your comment. We have completely reviewed the method section.

Background

Line 63. "These studies report RTW rates varying between 40% to [write "and"] 80%15". The reference is a systematic review, this should be specified.

ANSWER Ok, this has been specified

Methods

-The Methods section is quickly very specific. It is necessary to read the whole manuscript to understand what authors intend to do. Therefore, it would be helpful to begin the Methods section by a summary of what authors will do (type of study - The reviewer assumes the study is a retrospective one - , chronology, population, etc.).

ANSWER Ok, we have added a paragraph in the very beginning of the method section to clearly state the type of study that we want to perform. (lines 84-90)

-It would also be helpful to have a separate section on the study population with inclusion and exclusion criteria.

ANSWER: We believe that the lines 205-213 describe this inclusion/exclusion criteria + the figure 4
-Indeed, in the manuscript, it is stated that the "BCR only retained those aged 16-64 at the date of incidence" but authors chose to include patients aged between 20 and 64 years. This should be explained.

ANSWER: We have corrected in the abstract; those patients selected were between 16-64 which is the official working age group in Belgium. In our analysis, we noticed that we had almost no cases under 20 years old, probably excluded because they were not working at the date of incidence. However, for the sake of clarity we corrected to 16-64.

-Please be vigilant with the tenses used. A protocol should be written in the future tense. Thus, it would be advised to better distinguish between what has already been done (using the present perfect or past tense) from what has still to be done, using the future tense.

ANSWER Ok, we had a careful reading of the whole text to make the difference between what has been done and what will be done.