Author’s response to reviews

Title: Altered eating: a definition and framework for assessment and intervention

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Author’s response to reviews:

We thank the reviewers for all comments. We have responded to each in turn in italics within text.

Editor Comments:

Editor 1

I found your study useful to apply within the care of patients post-cancer treatment, indeed the qualitative comments that you have included are very powerful and well chosen. The modifications that you have made in this revision have improved the manuscript and have been justified in your point-by-point response.

Thank you!
I did find some reporting inconsistencies with a traditional manuscript though, and I am aware that these weren't identified in the previous comments. However I believe that alignment with usual scientific reporting will improve the flow of the manuscript. Specifically, some sections within the methods and discussion should be reported in the results, and some sections of results are discussion (the pdf does not have page numbers so line numbers have been included only):

Current methods: participant details of n=7 (line 7), participants who withdrew n=5 (line 36), and workshop participants n=10 should be reported in the results.

Done

There is considerable overlap of the results and discussion.  eg. Lines 37, 51, 51 present references - this is discussion and so should be moved out of results.

The references in the results section are there less as discussion points and more, as we say at the beginning of this section, to put the experience of the patient in context and to explain to the reader why the issues that arise in each of the domains are there for the patients. So for example, in the anatomy section we felt it necessary to lay for the reader a basic idea of the effects of radiotherapy on the structures involved in swallowing to help them understand why participant R2b has impaired swallowing. We make it clearer now at the beginning of this section as to why we have included some references in this section. We have seen other qualitative papers where this is common practice, and we feel that to remove this important contextualisation to a separate section would break up the flow of the paper, and the comprehension of the reader.

New results (quotes) are brought into the discussion (eg. lines 1, 10 etc) - these should all be moved into the results.

Done
The template used for recording the workshops - is this available from authors should readers be interested to access this? As it is not published or validated please insert a sentence to this effect, eg. "The template used to record the workshops is available from the corresponding author on request".

We have added this sentence to the analysis section

Editor 2

1. Please add emails for all Authors on the 'Title Page'.

Done

2. Please change your Abstract so it adheres to our submission guidelines (https://bmcnutr.biomedcentral.com/submission-guidelines/preparing-your-manuscript/research-article). Currently, you are using the wrong Headings. Purpose should be Background. Please remove Implications for Cancer Survivors heading. Please remember to make these changes to both the Abstracts, the one submitted within the Editorial Submission System and the one within your main Manuscript text.

Done

3. Please change your Introduction heading within the main Manuscript to Background.

Done

4. Please change your 'Results: The Altered Eating Framework' to just 'Results'.

Done
5. Please change your 'Discussion and next steps' to just 'Discussion'.

Done

6. Please add a 'List of abbreviations' section. This should be placed right after the 'Conclusions' section. All abbreviations should still be defined in the text at first use.

Done

7. Please include a 'Declarations' heading within the main Manuscript text. This should be placed right after the 'List of abbreviations' section.

Done

8. Please remove the 'Conflict of Interest' section.

Done

9. Please add 'Ethics approval and consent to participate' and 'Consent for publication' sections to your 'Declarations':

Done

a. Ethics approval and consent to participate

Manuscripts reporting studies involving human participants, human data or human tissue must:

i. include a statement on ethics approval and consent (even where the need for approval was waived)
ii. include the name of the ethics committee that approved the study and the committee's reference number if appropriate

We noticed you provided this information within your 'Methods' section. Please copy the paragraph into this section.

Done

b. Please include a 'Consent to publish' section. This section refers to patient consent to publish identifiable data. As your manuscript does not contain any identifiable individuals' data, please revise the statement under consent to publish to simply state "Not Applicable".

Done

10. Please submit the Figure as a separate Figure file and remove the copy currently within the main Manuscript text. Do not include the Figure Title and Legend within this Figure file, these should only include the Figure graphic and associated keys. The Figure Title and Legend should remain within the main Manuscript text and be placed after the References under the 'Figure legend' heading.

V - in the right place?

11. Please cite the Figure 1 within the main Manuscript text (e.g. as seen in Figure 1).

V - in the right place?

12. Please add a References heading before the list of References.

Done
13. Please re-write your 'Authors' Contributions' section so it includes initials of all authors and is written in the following format - "FC analyzed and interpreted the patient data regarding the hematological disease and the transplant. RH performed the histological examination of the kidney, and was a major contributor in writing the manuscript. All authors read and approved the final manuscript."

Done

See https://www.biomedcentral.com/getpublished/editorial-policies#authorship for further details.

Reviewer reports:

Amanda Sainsbury-Salis, PhD (Reviewer 3): This manuscript is much improved from the original version, and will be an excellent contribution to the literature and clinical practice. It is a highly original piece of research that has drawn directly on patient experiences in collaboration with researchers. Upon reading the revised manuscript, I now understood clearly how Altered Eating can have devastating consequences on quality of life for people following cancer therapy. With the new framework developed by this team, it is likely that a clear path forward can now be forged, in order to find ways to help these people to enjoy food again. Please find following some feedback to help further improve this manuscript, so that its benefits to the scientific and clinical communities may be most fully realised.

Thank you for your very positive comments!

1. For the 7 aspects of the Altered eating framework, as shown in Figure 1 and as referred to in the text, I think that it would be helpful to divide it into 2 sections, and to re-number the aspects so it is clear how they all fit with each other. For example, please see below. Also, if the Authors could come up with an acronym to encapsulate these 7 aspects, in a word that resonates with patients, then it would make their framework more likely to be picked up and used in clinical practice. For example, could the 7 aspects below be fitted to a word like 'Food Is Fun' or 'Pleasure' or something? An example is the Meals on Wheels mnemonic for common treatable causes of unintentional weight loss in the elderly (https://www.aafp.org/afp/2002/0215/p640.html).

A. Physiological

A1. Anatomical
We did consider this separation but part of the ethos of the framework is that the bio- and the psychosocial are to some degree inseparable and one will often influence the other. We like the idea of an acronym but we consider "Altered Eating" to be probably the best "badge" for the framework. We have now done numerous public and clinical events using this name, and find that the public, patients and clinicians "get" it immediately. However over the course of our ongoing research and patient and public involvement work with this framework we will keep the idea in mind and ask our stakeholders to suggest and develop ideas for branding the framework.

2. Can the authors add a reference for the following statement? "altered eating can persist after treatment or become an enduring feature of patients' lives." It would help to make this statement more powerful.

We have made it clear that this is our own observation

3. The acronyms of PEG and SIP should be defined, for people not directly working in this field.

We have added in clarification and spelled out the acronyms as well as including a list of abbreviations

4. Can the word 'sumps' be defined next to the word, as it is not a word that I had ever heard before, and a definition could help with ease of reader comprehension. The same is true for the word 'gestalt', and 'detritus'.
We have explained sumps and gestalt (though sensory gestalt is an accepted term in sensory science). We have left detritus as it is a patient quote and we think a fairly standard word.

5. I believe the correct term is 'salivary glands' as opposed to 'saliva glands'.

We have made this alteration in the one instance it was incorrectly written as saliva glands in the discussion section. We have not changed the patient quote which uses the term saliva glands as this was reported speech.

6. Shouldn't the term be 'imbibing of food with water' instead of 'imbibing of water with food'?

We have made this alteration

7. It would be helpful to define, perhaps in square brackets, what kind of shop Frankie and Benny's is. An ice cream shop?

We have added clarification here

8. The quotes and related information on page 19 could be better placed in the Results section, and then re-referred to again in the Discussion to make the point. I find it distracting to be reading quotes in the Discussion - it makes me wonder whether parts of the results may have been omitted.

Done.