OPEN PEER REVIEW

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Shiraz E-Medical Journal
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# Peer Review Report for "Perception of Iranian Patients with Cancer, Their Relatives, and Health Care Professionals Towards Length of Life and Quality of Life: A Local Survey"

**Author(s):** Negin Nourbakhsh, Bahareh Tahani, Azadeh Moghaddas

## Review Timeline:

Submit Date: 9 Jun 2020
Revised Date: 25 Oct 2020
Accepted Date: 22 Nov 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

**REFEREE**: Reviewer | **Revision** (0) — 18 Jun 2020

Dear AE,
1. P=0.00 is not true. Report very small P-values as <0.001
2. Intra-clause correlation coefficient is not true.
3. How about number of questions, dimensions, scoring, different kinds of validity and reliability of the questionnaire?
4. There was no information about sample size calculation.
5. There was no information about inclusion/exclusion criteria.
6. Describe sampling method and procedure in details.
7. 11% of patients more often had gastrointestinal cancer or 1%?
Thanks

**Najmeh Moradi**: Reviewer | **Revision** (0) — 13 Jul 2020

Dear AE,
Thanks to the authors for their interesting study. The research is trying to assess the

perception of cancer patients, their relatives and health care professionals toward two main goals of treatment i.e. quantity and quality of life through standard questionnaire. The study revealed preference of patients and health care providers in treatment process a life-threatening condition an is useful in disease management. The manuscript is well-written and has a good structure. However, there is main concern and minor points.

Main point

As it mentioned in the manuscript, the respondents were asked to indicate their idea about the treatment priorities for a fabricated case and state their preference the priority of quality of life versus survival time in a fictitious scenario for a patient who has malignancy.

There is no concern on Professionals and patients' relative's valuation task. Many concerns raised with patients' valuation for a hypothetical one. Who are the patients? How are their disease stage and health statues? Or their attitude to risk of disease? How theses biases were assessed in this study?

Also, there is need to add the questionnaire to assess the validity of study.

other points:

• It would be nice to provide a definition of perception in introduction section.

• Please mention the % value instead of "most "in Line 47-78 of introduction section.

• "For example, in US survey study, has been conducted on 47 181 women affected with metastatic breast cancer, most of patients were willing …….

• Please provide more information on sampling technique and sample size in method section

• It is necessary to provide more information on questionnaire structure. For example the X, y and Z therapies are mentioned as table footnote in result section. My suggestion is that add a subtitle on survey instrument and presented details on questionnaire structure, validity assessment, scenarios and therapies, there.

• In figure 2, the x axis information mentioned in capitalize letter. Please modify it.

• The first column of table 2 (a, b, c) has not title. Pease modify it.

Thanks for the opportunity to review the manuscript.

Regards

**REFEREE**: Associate Editor | **Revision** (0) 29 Jul 2020

Dear EIC,

The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.

Kind regards,

**REFEREE**: EIC | **Revision** (0) 30 Jul 2020

Dear Author,

The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.

Thanks.

OPEN PEER REVIEW

Revision (1)

## Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

**Reviewers' Comments:**

Reviewer 1:
Thanks to the authors for their interesting study. The research is trying to assess the perception of cancer patients, their relatives and health care professionals toward two main goals of treatment i.e. quantity and quality of life through standard questionnaire. The study revealed preference of patients and health care providers in treatment process a life-threatening condition an is useful in disease management. The manuscript is well-written and has a good structure. However, there is main concern and minor points. Main point As it mentioned in the manuscript, the respondents were asked to indicate their idea about the treatment priorities for a fabricated case and state their preference the priority of quality of life versus survival time in a fictitious scenario for a patient who has malignancy. There is no concern on Professionals and patients' relative's valuation task. Many concerns raised with patients' valuation for a hypothetical one. Who are the patients? How are their disease stage and health statues? Or their attitude to risk of disease? How theses biases were assessed in this study?

*Thank you for your comment. We added more explanation about our participants in the method section. In order to create uniformity in the sampling method of candidates, Random sampling was performed by using Excel random numbers of patients who had daily outpatient chemotherapy and their relatives. Thus, in daily visits, the list of patients who were to receive chemotherapy on that particular day and their companions was taken and the number of people entered the software and 5 to 10 people per day were selected as a sample. In addition, sampling of medical personnel was done by randomized easy sampling. Randomization is the best method to control the studies' bias. We have reported the details of demographic characteristic of our patients in Table 1. Please see page 3-4. Line79-113*

Also, there is need to add the questionnaire to assess the validity of study.

*We added the Farsi version of our questionnaire (supplementary) and also the details of validation on line 115-155.*

Other points:
• It would be nice to provide a definition of perception in introduction section.

*In this study we considered the term of perception as "the way in which something is regarded, understood, or interpreted through the senses" The definition was added to introduction section. Line 154—155.*

• Please mention the % value instead of "most "in Line 47-78 of introduction section.
• "For example, in US survey study, has been conducted on 47 181 women affected with metastatic breast cancer, most of patients were willing …….

*It was corrected and highlighted in the manuscript.*

• Please provide more information on sampling technique and sample size in method section

*Thank you for your recommendation. We added two paragraphs in the method section to explain more about the sampling. Considering that the study plan is of survey type and the nature of the purpose of the study is to determine several ratios (Proportion) in terms of application, the following formula was used to determine the required sample size.*

$$n = \frac{Z^2 \times p(1-p)}{d^2}$$

*In this formula, Z is equal to a confidence interval of 95% for the distribution of the P index, taking into account that the alpha error of 0.05 (type one error = 0.05) and its value given that a similar study was not previously available to determine the maximum, considered 50% or 0.5 to obtain the maximum number of samples. Therefore, Z is a number equal to 1.96 and P is an estimate of the relative frequency of the states under consideration. As a result, 100 patients, 100 relatives and 100 of medical professionals were studied. In order to create uniformity in the sampling method of candidates, Random sampling was performed by using Excel random numbers of patients who had daily outpatient chemotherapy and their relatives. Thus, in daily visits, the list of patients who were to receive chemotherapy on that particular day and their companions was taken and the number of people entered the software and 5 to 10 people per day were selected as a sample. In addition, sampling of medical personnel was done by randomized easy sampling. Please see page 4 line 94-114.*

• It is necessary to provide more information on questionnaire structure. For example the X, y and Z therapies are mentioned as table footnote in result section. My suggestion is that add a subtitle on survey instrument and presented details on questionnaire structure, validity assessment, scenarios and therapies, there.

*Thank you your comments. We added the explanation of X,Y,Z therapies in the method section. Please See Page10. Line 223-240*
*Also we added more details about the validity and reliability evaluation of the questionnaire.*

• In figure 2, the x axis information mentioned in capitalize letter. Please modify it.
• The first column of table 2 (a, b, c) has not title. Pease modify it.
*Thank you your comments. They were done.*

Thanks for the opportunity to review the manuscript.

Reviewer 2:
1. P=0.00 is not true. Report very small P-values as <0.001

*It was corrected.*

2. Intra-clause correlation coefficient is not true. *It was changed as intra-class correlation coefficient.*

*For assessing the reliability of questionnaire, we performed intra-class correlation coefficient for each question in the questionnaire and calculated each score for all of the questions. The score of beyond 0.6 was considered normal ration.*

3. How about number of questions, dimensions, scoring, different kinds of validity and reliability of the questionnaire?

*The related information was mentioned in line 120-130 and also in statistical analyses section.*

4. There was no information about sample size calculation.

*It was added at line 94-104.*

5. There was no information about inclusion/exclusion criteria.

*It was added at line 88-92.*

6. Describe sampling method and procedure in details.

*It was added at line 106-113.*

7. 11% of patients more often had gastrointestinal cancer or 1%?

*11% was corrected.*

**Associate Editor's Comments:**

Associate Editor 1:
Dear author:
please answer to the reviewers' comments all also:
1- English Edit is strongly recommended. since there were many grammatical errors in the text.
2- Discussion should be rewritten. for this, please consult with a sociologist or ethics specialist for the discussion part. it seems that the results are very rich but the discussion is simplified for

this result.

3- one important concern for this study is the mixture and the stage of the cancer patients and the lack of a control group. it should be resolved if possible.

*The English editing has been done. The discussion part has changed according to your comments and your last question has been answered in limitation of our study.*

**OPEN PEER REVIEW**

**Revision (1)**

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

**REFEREE**: Associate Editor | **Revision** (1) 20 Oct 2020

Dea EIC,
Most revisions are made correctly. But the manuscript needs minor changes.
Best.

**REFEREE**: EIC | **Revision** (1) 20 Oct 2020

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
Thanks.

OPEN PEER REVIEW

Revision (2)

## Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

**Response to associated editor comments:**

Thanks for your feedback, I have revised all mentioned comments and highlighted all changes in purple.

1) Is it possible for a patient to be hospitalized but in outpatient ward? What is outpatient ward???

*We changed it to just outpatient setting.*

2) it is not clear?

*Some unclear part such as "role in decision making question" discussion part was corrected.*

3) Is better to be detailed. If the percentage are small for some sort of cancer you may just name cancers in footnotes of table.

*The footnote of table was added and described the type of cancer.*

4) With this description sample size should be 400, but it is 299.

*The sample size formula was corrected.*

5) Translate questionnaire to English language and add to the supplement

*The English version of questionnaire was added to the supplement file.*

***Kind regards,***

***Dr. Azadeh Moghaddas***

***Assistant Professor of Clinical Pharmacy***

## APPENDIX

STUDY QUESTIONNAIRE

1: A patient has just received a diagnosis of cancer. In your opinion, who should be involved in the choice of treatment? Please check as many options as you like.

1) The physician
2) The patient
3) The relatives
4) Others members of the health-care team (nutritionist, psychologist, physiotherapist, others)
5) Everybody

2: A patient has just received a diagnosis of cancer. The physician discusses the therapeutic options and the possible side effects of the treatment with him or her. In your opinion, which therapeutic modality should be chosen?

1) The type that prolongs survival, independent of quality of life
2) The type that provides a reasonably long life, although not necessarily the longest, with minimal side effects and little impact on quality of life
3) The type that provides maximal quality of life, although survival may be shorter
4) No treatment should be given to avoid the risk of side effects or a negative impact on quality of life
5) I do not know or prefer not to comment

3: A patient is diagnosed with a highly malignant cancer. Imagine that there are three therapies available for this type of cancer, termed X, Y and Z. Treatment X is quite toxic for the organism and the patient be hospitalized for approximately one month until his or her body recovers. Visits will be restricted due to the patient's low resistance. There is a high chance of cure. Treatment Y can produce nausea, vomiting, fever and tremors but is less toxic than treatment X. This treatment should be administered at the hospital once per week over a year's time, with no need for hospitalization. This drug does not cure the disease but can prolong survival by several months. Treatment Z consists of an intravenous medication that must be administered once per month at the hospital. The patient needs to remain in the hospital for 30 minutes after each application. The most common side effects are mild, but this treatment is most likely less effective than treatment Y.

3a): Considering these three treatments, in your opinion, which one would be the most suitable if the patient were a five-year-old child? Please justify your answer below.
1) Treatment X 2) Treatment Y 3) Treatment Z

3b): What if the patient were a 16-year-old adolescent? Please justify your answer below.
1) Treatment X 2) Treatment Y 3) Treatment Z

3c): What if the patient were a 50-year-old adult? Please justify your answer below.
1) Treatment X 2) Treatment Y 3) Treatment Z

3d): What if the patient were a 70-year-old patient? Please justify your answer below.
1) Treatment X 2) Treatment Y 3) Treatment Z

4: The following table represents six fictitious scenarios. In each one, there is a value for survival time and another for quality of life. Both for survival time and for quality of life, the value zero represents the worst possible situation (in each case, an immediate risk of death and major suffering from the disease), whereas a value of 10 represents the best possible situation (an expectation of a life of many years and no suffering caused by the disease). The other numbers represent intermediate situations.

SCENARIOS LIFESPAN QUALITY OF LIFE

| Hypothetical scenarios | Longevity | Quality of Life |
|---|---|---|
| A | 10 | 0 |
| B | 8 | 2 |
| C | 6 | 4 |
| D | 4 | 6 |
| E | 2 | 8 |
| F | 0 | 10 |

Faced with a diagnosis of cancer, if you could choose only one of the scenarios above, which would you choose? Take into account that, for this hypothetical question, we are considering that you would have to choose either the length OR the quality of life. In practice, what the doctor tries to do for the patient is to increase both the lifespan and quality of life. However, imagine that this would not be possible and that you actually would have to choose what you consider to be more important.

1) Scenario A
2) Scenario B
3) Scenario C
4) Scenario D
5) Scenario E
6) Scenario F

**OPEN PEER REVIEW**

**Revision (2)**

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

**REFEREE**: Associate Editor | **Revision** (2) 21 Nov 2020

Dear EIC,
All comments were responded and revisions are correct.
Thanks

**REFEREE**: EIC | **Revision** (2) 22 Nov 2020

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.