Review of: "Quality of Life and Its Predictor Factors Among Iranian Gastrointestinal Cancer Survivors"

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Potential competing interests: No potential competing interests to declare.

This paper reports work done in Iran assessing the quality of life of cancer patients, an important subject.

Following on from the previous reviews, I would like to add the following specific comments:

Please define any abbreviations at first use. For example, GI is used in the second paragraph of the abstract, but gastrointestinal has already been used in the first paragraph. What is HTN?

Also, any abbreviation used in the abstract needs defining again in the main text.

Abstract:

Results: It is usual to report to one decimal place for most parameters (in both the abstract and the main text); please rectify throughout the MS. Also, it would be helpful to give the maximum QoL score possible to help the reader assess the QoL score you found.

I am unsure what this means: “These factors predicted a significant proportion of variance for QoL, 84% for global QoL, 83.5% for functional scale, and 67.3% for symptom scale.” Significant usually means that statistical tests have been undertaken; please show, or change the word (important?). What do these variances mean?

Abstract conclusions introduce comorbidities and support, but these are not mentioned earlier. They should be or should be removed from the conclusions.

Main Text:

Methods:

Survival is usually taken as living for five years, not one year; perhaps the data could be split into two groups: 1-5 years, 5+ years. Otherwise, instead of ‘survivor,’ you could talk about ‘people post-treatment.’

Please put the sentence “The Iranian version of the questionnaire was validated in a previous study” higher up, near the first mention of the QLQ-C30. This is an important statement.

In Table 1, the first column (variables) is centred in the cell; they would be better at the top of the cell to ease reading.

Table 2. SD, MD, QoL should be spelled out in notes so that the reader can see the meaning of any abbreviation they are

unfamiliar with, without reverting to the text. Also, the columns need reordering: domain, mean, standard deviation, yes, no, with Function and Symptoms at the top of their cells. Furthermore, the Thresholds for Clinical Importance are unclear - what are they? What values are they?

Tables 3, 4, 5: I would add a column to show the p-value for each factor and order the contents of the tables by this p-value to show the most significant at the top.

Discussion:

The first paragraph should be a short summary of the important findings.

The sentences about scaling the questionnaire to 100 and the acceptable level should be in the methods (what did we do?) and results (what did we find?). You also need to justify why a score of 50 is acceptable (it feels low to me).

With regards to the difference in quality of life between men and women, perhaps women have poorer quality of life in cancer because they start from a lower baseline?

“The results of the study showed a significant correlation between quality of life and age,” but I cannot find these results; please signpost the reader. Also, the discussion in this paragraph is confused, with studies on patients under treatment being compared to your patients without distinguishing these two important aspects, and there is confusion between younger people doing better than older and older people doing better than younger.

Where is the correlation between employment and education and quality of life? Please signpost the reader.

Please also discuss the similarities and differences found between the different groups, as reported in tables 3-5.