PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Prevalence of psychological distress and associated factors among Omani women diagnosed with breast cancer: a single-centre, cross-sectional study
AUTHORS	Al-Fahdi, Amal; Chan, Moon; Al-Siyabi, Wedad; Al-Yafai, Entesar; Al-Khatri, Mariya; Al-Azri, Mohammed

VERSION 1 – REVIEW

REVIEWER	Guo, Yi-Qiang Capital Medical University
REVIEW RETURNED	11-Jun-2023

GENERAL COMMENTS	1. Does the sample big enough to achieve the presentation of the population? 2. How do you identify "recently diagnosed" 3. Please normalize the keyword. 4. Can you specify the details of the exclusion criteria, such as febrile neutropenia, those in obvious distress, and pain? Were there any index values for those items? 5. Can you explore more information based on the collected data? Because your discussion and conclusions were not fully justified by the results, most probablely because your limited information from the results.

REVIEWER	Phoosuwan, Nitikorn Kasetsart University
REVIEW RETURNED	12-Aug-2023

GENERAL COMMENTS	In the abstract: -You use "anxiety and depression" and sometimes you used anxiety symptoms and depressive symptoms. To me, I think you should use consistency, and suggest to use "anxiety symptoms and depressive symptoms" because you used screening test, not gold standard diagnostic test. -Participant section: you used "recently", what does it mean? -"Arabic version of …(HADS)", this should be a sentence. -Conclusion section: You used "psychological distress", but you did not introduce this word before. -LMICs, to me you don't need to use. Background: -breast cancer patients, I suggest to used "people with breast cancer" might be better and reduce stigmatization. -"The US national cancer centre… and its treatment". Please give a reference.

	Methods: -You talked about the tool: HADS. I want to know more about other parts, such as general characteristics, e.g. age, education, etc. What are they included? How are they categorized? -How about the sensitivity and specificity of the Arabic-version of the HADS? Because you used this tool. - You said "recently" in the abstract. I would like to know what does it mean? -"We considered the prevalence… based in earlier literature". I have two points raised that (1) please give a definition of the psychological distress, and (2) give references for the earlier literature. -in the statistical analysis, you said about "clinical factors" what are they? - I remain think that you might use "depressive symptoms" instead of "depression" in most of the places. Discussion: -because you found some factors associated with depressive symptoms. Therefore, healthcare providers/workers should be improved their capacities to screen for the symptoms and provide an intervention program to the people with BC who are in need. I suggest to read the "self-efficacy program intended to improve public health professionals' ability to identify and manage perinatal depressive symptoms" and "Psychological distress among women with breast cancer in Sweden". You might get ideas for discussion. In the table: -please provide range (min-max) of the age. -I just wonder that we might see people with BC are mostly single, but your study included most of them are married. -what does it mean, financial support? -Just wonder and confirm that (1) stages of diagnosis are equally distributed, and (2) only 28% are metastatic cancer. -table 2: d you used fisher's exact test, while normally the test should have 2 categories but you have 3 categories? -Table 2 in general you might not analyse adjusted OR when univariate OR is not significant. I think you might have some reasons, please clarify academically.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1
Dr. Yi-Qiang Guo, Capital Medical University [PLEASE ALSO SEE ATTACHED FILE FOR MARKED-UP PROOFS FROM REVIEWER #1]
Comments to the Author:
1. Does the sample big enough to achieve the presentation of the population?
Authors' response: Thank you for your comment. We have conducted a power analysis to justify the sample size, but the distribution may not exactly represent the true population because the sample was recruited from one single center. This will affect the generalizability of the results; however, we have acknowledged this issue in our limitations.

2. How do you identify "recently diagnosed"?
Authors' response: Thank you for your comment. The word "recently" has been omitted as we included all patients who attended SQCCCRC during the study period.

3. Please normalize the keyword.
Authors' response: Thank you for your comment. The keywords have been normalised.

4. Can you specify the details of the exclusion criteria, such as febrile neutropenia, those in obvious distress, and pain? Were there any index values for those items?
Authors' response: Thank you for your comment. The following sentence has been added to further clarify the exclusion criteria: "Women who were admitted due to cancer chemotherapy complications or considered to have an oncological emergency, such as febrile neutropenia (defined as an axillary or oral temperature of ≥38.5°C or a sustained temperature of ≥38°C for 1 hour and an absolute neutrophil count [ANC] of <500 cells/mm3 or an expected ANC decrease to <500 cells/mm3 in the next 48 hours), or those in obvious pain were excluded from the study". A reference for this definition has also been provided.

5. Can you explore more information based on the collected data? Because your discussion and conclusions were not fully justified by the results, most probably because your limited information from the results.
Authors' response: Thank you for your comment. All relevant findings from this study have been presented and the discussion based on the findings.

Reviewer: 2
Dr. Nitikorn Phoosuwan, Kasetsart University
Comments to the Author:
In the abstract:
-You use "anxiety and depression" and sometimes you used anxiety symptoms and depressive symptoms. To me, I think you should use consistency, and suggest to use "anxiety symptoms and depressive symptoms" because you used screening test, not gold standard diagnostic test.
Authors' response: Thank you for this comment. The terminology has been amended accordingly throughout the manuscript.

-Participant section: you used "recently", what does it mean?
Authors' response: Thank you for this comment. The word "recently" has been omitted as we have included all patients who attended SQCCCRC during the study period (please see our response to Reviewer #1).

-"Arabic version of …(HADS)", this should be a sentence.
Authors' response: Thank you for this comment. This has been amended accordingly.

-Conclusion section: You used "psychological distress", but you did not introduce this word before.
Authors' response: Thank you for this comment. This has been corrected. The concept of psychological distress has been introduced before the conclusion and the conclusion has been amended accordingly.

-LMICs, to me you don't need to use.
Authors' response: Thank you for this comment. This has been corrected whenever relevant. However, we do believe it is important to note that most women with BC in less developed countries present at earlier ages compared to developed nations.

Background:

-breast cancer patients, I suggest to used "people with breast cancer" might be better and reduce stigmatization.
Authors' response: Thank you for this correction. We have modified our terminology to "people with BC" or "individuals with BC" throughout the manuscript.

-"The US national cancer centre… and its treatment". Please give a reference.
Authors' response: Thank you for this comment. A reference has been added to support our statement.

Methods:
-You talked about the tool: HADS. I want to know more about other parts, such as general characteristics, e.g. age, education, etc. What are they included? How are they categorized?
Authors' response: Thank you for this comment. More information about the HADS tool has been added to the manuscript.

-How about the sensitivity and specificity of the Arabic-version of the HADS? Because you used this tool.
Authors' response: Thank you for this comment. Details regarding the sensitivity and specificity of the Arabic version of the HADS have been added, along with a supporting reference.

- You said "recently" in the abstract. I would like to know what does it mean?
Authors' response: Thank you for this comment. The word "recently" has been omitted as we included all patients who attended SQCCCRC during the study period (please see our response to Reviewer #1).

-"We considered the prevalence… based in earlier literature". I have two points raised that (1) please give a definition of the psychological distress, and (2) give references for the earlier literature.
Authors' response: Thank you for these comments. The sentence has been corrected and a reference has been provided accordingly to support our statement.

-in the statistical analysis, you said about "clinical factors" what are they?
Authors' response: Thank you for this comment. The sentence has been corrected as follows: "…after adjusting for sociodemographic factors".

- I remain think that you might use "depressive symptoms" instead of "depression" in most of the places.
Authors' response: Thank you for this comment. Your suggestion has been implemented wherever possible all through the manuscript.

Discussion:
-because you found some factors associated with depressive symptoms. Therefore, healthcare providers/workers should be improved their capacities to screen for the symptoms and provide an intervention program to the people with BC who are in need. I suggest to read the "self-efficacy program intended to improve public health professionals' ability to identify and manage perinatal depressive symptoms" and "Psychological distress among women with breast cancer in Sweden". You might get ideas for discussion.
Authors' response: Thank you for this comment. Your suggestion has been considered whenever possible.

In the table:
-please provide range (min-max) of the age.

Authors' response: Thank you for this comment. We have added this to the Results section and also in Table 1.

-I just wonder that we might see people with BC are mostly single, but your study included most of them are married.
Authors' response: Thank you for this comment. This is the finding from our sample. We don't have a scientific explanation for this; however, it should be noted that the overall number of single women in our sample was relatively low. We think this might be because of cultural differences, as women tend to get married at a relatively younger age in the East compared to the West, likely due to the influence of religion, traditional values, and culture in general. This would explain why most of our participants were married.

-what does it mean, financial support?
Authors' response: Thank you for this comment. All patients attending SQCCRC undergo psychosocial screening. One of the items included in the screening tool assesses their financial situation, including their income and any financial support received from the Ministry of Social Affairs or family members. This has now been clarified in the revised manuscript.

-Just wonder and confirm that (1) stages of diagnosis are equally distributed, and (2) only 28% are metastatic cancer.
Authors' response: Thank you for this comment. We cross-checked our dataset and confirmed this finding, which is why we acknowledge that the sample distribution might not represent the true population.

-table 2: d you used fisher's exact test, while normally the test should have 2 categories but you have 3 categories?
Authors' response: Thank you for this comment. We compared single vs. widowed/divorced and married vs. widowed/divorced, and the expected frequency was small, so we used Fisher's exact test, which is a 2 x 2 category.

-Table 2 in general you might not analyse adjusted OR when univariate OR is not significant. I think you might have some reasons, please clarify academically.
Authors' response: Thank you for this comment. We were interested in certain sociodemographic factors that could affect depressive symptoms, because we might need to provide additional consultation/education when patients receive chemotherapy. We hope this finding will help our centre to develop additional interventions to reduce the frequency of depressive symptoms in our population.

VERSION 2 – REVIEW

REVIEWER	Guo, Yi-Qiang Capital Medical University
REVIEW RETURNED	07-Sep-2023

GENERAL COMMENTS	This is the second time I have reviewed this manuscript. It is great to see the authors have revised this manuscript meticulously. I only have one last question: Is the sample size big enough to tell the prevalence of psychological distress among Oman breast cancer women?

REVIEWER	Phoosuwan, Nitikorn Kasetsart University

REVIEW RETURNED	28-Aug-2023

GENERAL COMMENTS	Thank you very much for your improvement. I am very happy to read this valuable manuscript.